## HARN Γ COUNTY HEALTH DEPARTM

## HTE 0450010755

## **IMPROVEMENT PERMIT**

21426

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin construction of any building at which a septic tank system is to be used for disposal of sewage without first obtaining a written permit from the Harnett County Health Department."

from the Harnett County Health Department."		
Name: (owner) RAEFORD A. CORIS	New Installation	Septic Tank
Property Location: SR# 2094 Storey Acess		Nitrification Line
BETHAL BAPTIST RO		
Subdivision Storey Acees	Lot	# _5
Tax ID #		
Number of Bedrooms Proposed:	Lot Size: 3.06	
Basement with Plumbing:	Barage: 🗖	
Water Supply:	nmunity	
Distance From Well:ft.		
Following is the minimum specifications for sewa to final approval.	ge disposal system on above caption	oned property. Subject
Type of system:	er	
Size of tank: Septic Tank: 1000 gallo	ns Pump Tank:gallons	
Subsurface No. of exact length	width of	depth of
Drainage Field ditches 2 of each ditch_	80 ft. ditches $3$ ft.	ditches \8in.
French Drain Required:Linear fe	et	
	Date: 12 3 09	
This permit is subject to revocation if site	Signed:	RS COLIVER TOLKSDORF
plans or intended use change.	Environmental I	Health Specialist
	320'	DRAWING
*MAINTAIN ALL SEIBALKS		MS
* SYSTEM DESIGNED AT		
2 BEDROOM MINIMUM		
*CALL WITH ANY QUESTIONS		
PRIOR TO INSTALLATION		
		439'
,	A-D	
	cov. 46, 89	
	1CE-18/12 48	
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	94'   R	
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TO 322094

## HARNETT COUNTY DEPARTMENT OF PUPIC HEALTH AUT ORIZATION TO CONSTRUCT

authorization shall be valid for a period r	ealth, Improvement Permit # 21476. This not to exceed five (5) years from the date of issuance.  nership, site plans, or intended use change.		
RAEFORD CONTS	893-5072		
Name	Telephone #		
1357 CREEKVEN LN. LINDEN Address	-		
2094 BETHAL BAPTIST	Ro		
Property Location SR#	Road Name		
STARRY ALOSS 5			
STOREY ACRES 5 Subdivision Lot#	# Bedrooms Proposed		
<u>TY</u>	PE OF SYSTEM		
New Installation [ ] Repair Septic Tank Nitrification Lines			
Conventional [] Other	<u> </u>		
[ ] Basement [ ] With Plumbing [ ]	Without Plumbing		
Water Supply: [ ] Well Public Water Supply Minimum Well Setback:Ft.			
Septic Tank voo gal Pump Chamber gal			
NITRIFICATION FIELD SPECIFICATIONS			
Number of fields # of lines per field Length of lines &O Ft.			
Width of ditches ft. Depth of ditches fraction inches			
French Drain: Linear feet required Depth of gravel			
No wastewater system shall be covered or placed into use by any person until an inspection by the Harnett County Health Department has determined that the system has been installed according to the conditions of the Improvement Permit and that a valid Operations Permit has been issued.			
es little all	12/3/04		
Signature of Authorized Agent for Harnett Count	Data		