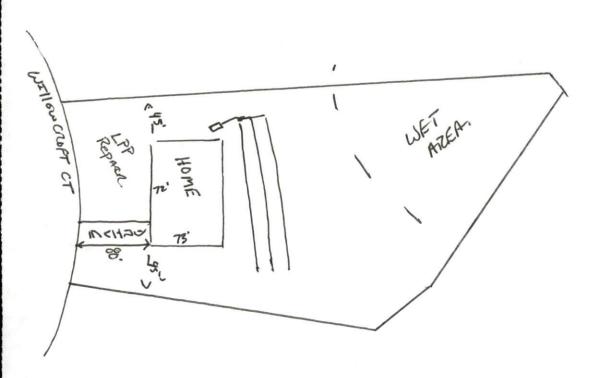
HTE 04-5-10866

IMPROVEMENT PERMIT

21384

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." Name: (owner) Tacket + Sharon AltMAN New Installation Septic Tank Property Location: SR# 1705 010 FATAGROUND Repairs Nitrification Line Subdivision Leigh Lavnel Lot # ___// Tax ID #_____Quadrant #_____ Number of Bedrooms Proposed: 3 Lot Size: 1.51 Acre Garage: Basement with Plumbing: Public ☐ Well ☐ Community Water Supply: Distance From Well: 50' ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional ☐ Other Type of system: Septic Tank: 1000 gallons Pump Tank: ____gallons Size of tank: No. of exact length width of ditches 5 ft. depth of Subsurface ditches 18-24 in. Drainage Field French Drain Required: _____Linear feet Date: 12-16-04 Signed Manhauf Environmental Health Specialist This permit is subject to revocation if site plans or intended use change.



HARNETT COUNTY DEPARTMENT OF PUPING HEALTH AUT DRIZATION TO CONSTRUCT

Harnett County Department of Public Health, Improvement Permit # 21384 . This authorization shall be valid for a period not to exceed five (5)		
authorization shall be valid for a period not to exceed five (5) years from the date of issuance. This authorization will be invalid if ownership, site plans, or intended use change.		
JACKIE + Shanow AltMAN		
Address DUNN N.C.		orephone if
7705 Troperty Location SR# Road Name		TAGADAND
Property Location SR#	Road Name	
Subdivision Lot # # H	3	1.81
		ot Size
	OF SYSTEM	* (
[] New Installation [] Repair [] Septic Tank [] Nitrification Lines		
[] Conventional [] Other		
[] Basement [] With Plumbing [] Without Plumbing		
Water Supply: [] Well [] Public Water Supply Minimum Well Setback:Ft.		
Septic Tank gal Pump Chamber gal		
NITRIFICATION FIELD SPECIFICATIONS		
Number of fields # of lines per field Length of lines Ft.		
Width of ditches ft. Depth of ditches inches		
French Drain: Linear feet required Depth of gravel		
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.		
and some		
Signature of Authorized Agent for Harnett County		12-16-04
V		Date