HARN Γ COUNTY HEALTH DEPARTM

HTE 04-5-10982

IMPROVEMENT PERMIT

21387

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) Jc France | New Installation | Septic Tank |
Property Location: SR# 1705 | France | Repairs | Nitrification Line Subdivision Leigh Launel Lot # ___**7** _____Quadrant # _____ Tax ID # Number of Bedrooms Proposed: 4 Lot Size: Z-34 race Garage: Basement with Plumbing: Public ☐ Well Water Supply: Community Distance From Well: 58' ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional ☐ Other Type of system: Pump Tank: gallons Size of tank: Septic Tank: 1700 gallons Subsurface No. of exact length width of depth of ditches Z of each ditch **zoo** ft. ditches 3 ft. ditches 22->18 in. Drainage Field • 300 Linear feet French Drain Required: Signed: Environmental Health Specialist This permit is subject to revocation if site plans or intended use change. WHOWCROFT

HARNETT COUNTY DEPARTMENT OF PURITOR HEALTH AUT... ORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by	
Harnett County Department of Public Health, Improvement Permit # 21387. This 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.	
Name	Telephone #
Teffrey L Pope Name 2568 OID Buin Cool RD Argier N.C. Address	27501
Property Location SR#	
Road Name	
Subdivision Lot # Bedrooms Proposed	2.34
Lot # Bedrooms Proposed	Lot Size
TYPE OF SYSTEM	. ,
[New Installation [] Repair [Septic Tank [] Nitrification	on 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 Z Length of lines Zoo Ft.	
Width of ditches ft. Depth of ditches 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.	
	AND THE PROPERTY AND THE PROPERTY OF THE PROPE
Stand 1 none	
James & Manhant ons	17-73-04
Signature of Authorized Agent for Harnett County	Date