HAF TT COUNTY HEALTH DEPART TT

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I....PROVEMENT PERMIT

22094

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."

Troil the Harnett County Health Department.		
Name: (owner) HAMILTON BUILDERS INC		
Property Location: SR# Oak St. 1300	□ Repairs	Nitrification Line
Subdivision_ PINE HILLS	Lot #	# 1
Tax ID #	Quadrant #	
Tax ID #	Lot Size: 1.71 AL	
Basement with Plumbing: Garage:		
Water Supply: ☐ Well ☑ Public ☐ Community		
Distance From Well: ft.		
Following is the minimum specifications for sewage dispost to final approval.	sal system on above caption	ned property. Subject
Type of system:		
Size of tank: Septic Tank: gallons	Pump Tank:gallons	
Subsurface No. of exact length	width of	depth of
Drainage Field ditches 4 of each ditch 100 ft.	ditches 3 ft.	ditches 18 in.
French Drain Required:Linear feet	1)	
I	Date: 8 24 05	
	Signed:	RS COLIVERTOLKSDORF)
plans or intended use change.	Environmental H	
BOI'		ORAMNO!
SETBACKS		NK3
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DOMNHITT SLDE 186		
OFOA)4		
THE CALL WITH ANY AREA		
QUESTIONS PRIOR TO INSTALLATION		
		210
63-4		
	45'×70'	
	D 50	()
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	V	
	[E]	
	OAK STREET	

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AT THORIZATION TO CONS UCT

Harnett County Department of Public Health, Improvement Permit # authorization shall be valid for a period not to exceed five (5) years from this authorization will be invalid if ownership, site plans, or intended	This	
Name Buildes	\$93-8427	
Address LILLINGTON NC 27546	Telephone #	
Property Location SR# Property Location SR#	d Name	
PINE HICLS 1 3 (360) Subdivision Lot # Bedrooms Proposed	1.714C Lot Size	
TYPE OF SYSTEM		
New Installation [] Repair	ation Lines	
Conventional [] Other		
[] Basement [] With Plumbing [] Without Plumbing		
Water Supply: [] Well Public Water Supply Minimum Well	Setback: 100 E4	
Septic Tank gal Pump Chamber		
NITRIFICATION FIELD SPECIFICAT	TIONS	
Number of fields # of lines per field Length of		
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 persor Harnett County Health Department has determined that the system leads		
Harnett County Health Department has determined that the system has the conditions of the Improvement Permit and that a valid Operations Permit and the conditions of the Improvement Permit and the Improvement Permit and Improvement Permit and Improvement Permit and Improvement Permit and Im	the control an inspection by the coen installed according to ermit has been issued.	
Signature of Authorized Agent for Harnett County	7/24/05	
and the state of t	Date	