HARN T COUNTY HEALTH DEPARTMI

HTE 05.5.12409

IMPROVEMENT PERMIT

21977

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) Terhone Honer U New Installation Septic Tank Property Location: SR# 1452 Tre ore Ld Repairs Nitrification Line ____ Lot # ______ Subdivision TAY for to Ouadrant # Tax ID# Basement with Plumbing: Garage: Public ☐ Community ☐ Well Water Supply: Distance From Well: 50 ~~ ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. DOther 25 % Reduction Conventional Type of system: Septic Tank: 600 gallons Pump Tank:____ Size of tank: gallons exact length width of Subsurface No. of depth of ditches / in.MA of each ditch 300 ft. ditches ditches 3 Drainage Field French Drain Required: Linear feet Date: This permit is subject to revocation if site Signed: // plans or intended use change. Environmental Health Specialist * Maintain all set becks * lund the on contour 182 + Keer lines out of ald load bed 128 Hosse 3B-198

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AU'. ORIZATION TO CONSTI CT

Harnett County Department of Public Health, Improvement Permit # 21977 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.	
Terhone Homes CCC 919559 1499	55 85
1021 Hazelton Ln. Frysky Varna, N. C. 27526 Address	
Property Location SR# Road Name	
Subdivision Lot # Bedrooms Proposed Lot Size	
TYPE OF SYSTEM	
[] New Installation [] Repair [] Septic Tank [] Nitrification Lines [] Conventional [] Other 25 % Ledvel Syde	
[] Basement [] With Plumbing [] Without Plumbing	
Water Supply: [] Well [] Public Water Supply Minimum Well Setback: Ft.	
Septic Tankgal Pump Chambergal	
NITRIFICATION FIELD SPECIFICATIONS	
Number of fields # of lines per field Length of lines 300 Ft.	
Width of ditches ft. Depth of ditches inches MAL	
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 by the system is a second of the system.	
Harnett County Health Department has determined that the system has been installed according the conditions of the Improvement Permit and that a valid Operations Permit has been issued.	ie to
June Messil / 6/27/heer	1/.
Signature of Authorized Agent for Harnett County Date	