HTE# 05-50013320 R

## **IMPROVEMENT PERMIT** 22434

construction	te it ordained by the Harnett County Board of Health a ion of any building at which a septic tank system is to tom the Harnett County Health Department."	as follows: Section III, Item B. "No person shall begin be used for disposal of sewage without first obtaining a written
Name: (o	owner) Ken MAHAR	New Installation Septic Tank Repair
Property	Location: SR# \ 265	Nitrification Line 🛛 Expansion 🗖
Subdivisi	ion Campbell's Cok	Lot # 6
Number (	of Redrooms Proposed: 3 (SAX CV) 7	Quadrant #
Racaman	of with Plumbing: Garage:	Soft Edition To The
Water Co	nt with Plumbing: Garage: Community of the Community of t	Meet Ondite for final
Distance	From Well:	Acasat
Followin	ng is the minimum specifications for sewage d	lisposal system on above captioned property.
Subject t	to final approval	
Type of s	system: Conventional Other	amp to Conventional
Size of ta	ank: Septic Tank: 1000 gallons Pun	np Tank: <u>(つっっ</u> gallons
Subsurfac Drainage	ace No. of exact length ft. of each ditch	for the ditches of th
French D	Orain Required:Linear feet	Date: 2.2205
This per	rmit is subject to revocation if site	PERMIT EXPIRES 5 YEARS FROM ABOVE DATE
plans or	intended use change.	
	house with BAILMEN 15' from	Signed of Carl
	house with BAICMEN	Signed Signed
L	206	/ Environmental Health Specialist
	110 110	
-	2 / \	20
		36'
		-57
120 -	4~ / / 7	115
Sr		300 with 74)
		0.44
1265	· \ \ \	SOX58 mus 161 Repair
1	- 1 119	Repair
	10	
		279
	Frank p	NIVE -

## ATITHORIZATION TO CONTETRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by authorization shall be valid for a period not to make the specifications described by authorization shall be valid for a period not to make 15 cm.
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.
MAHAR MAHAR
Name
Telephone #
Address
1265
Property Location SR#  Road Name
Cambell Cak ( 3 (50 x58) 760 gel 85 Ac Subdivision Lot# # Bedrooms Proposed Lot Size
Subdivision Lot # Bedrooms Proposed 87 Ac
TYPE OF SYSTEM
Nitrification Lines
New Installation [] Repair Septic Tank Nitrification Lines  [] Conventional Other Pump To Conventional
[ ] Basement [ ] With Plumbing [ ] Without Plumbing
Water Supply: [ ] Well Public Water Supply Minimum Well Setback: 50
Septic Tank gal Pump Chamber gal gal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field Length of lines Ft.  Width of ditches ft. Depth of ditches
inches inches
French Drain: Linear feet required Depth of gravel
No wastewater system shall be covered or placed into a land
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 land to the conditions of the Improvement Permit and that a valid Operations Permit land to the conditions of the Improvement Permit and that a valid Operations Permit land to the conditions of the Improvement Permit and that a valid Operations Permit land to the conditions of the Improvement Permit and that a valid Operations Permit land to the conditions of the Improvement Permit and that a valid Operations Permit land to the conditions of the Improvement Permit and that a valid Operations Permit land to the conditions of the Improvement Permit and that a valid Operations Permit land to the conditions of the Improvement Permit and that a valid Operations Permit land to the conditions of the Improvement Permit and the conditions of the Improvement Permit land the conditions of the Improvement land the Impr
the conditions of the Improvement Permit and that a valid Operations Permit has been issued.
1 diffit has been issued.
On West RS
Signature of Authorized Agent for Harnett County  Date