IMPROVEMENT PERMIT 22523

construct	om the Harnett Count	which a sep	otic tank system	is to be used for	disposal of sewa	age without	first obtaining a written
Name: ((owner) 311 Cl	lank H	formes	New Ins	tallation 🗷	Septic Ta	nk 🗷 Repair 🗖
Property Subdivis Tax ID#	y Location: SR#_ sion_PAHons	1139 Pont		Nit	trification Lin	e KExy Lot # drant #	nk A Repair D pansion D
Number	of Bedrooms Prop	osed : 2	(52 x 32)	360 8pd	Lot Size: _	.347 A	Ic
Baseme	nt with Plumbing:	Garag	ge: 🔼				
Distance	supply:	50	ft.		stem on abov	ve caption	ed property.
Type of	to final approval. System:	ventional	Other	Pump to	Convert	onal	
Size of	tank: Septic Tank: _	1000	_ gallons	Pump Tank: _	1000 g	allons	
Subsurf Drainag	ace No. of ditches _	<u>3</u> ft.	exact lengtl of each dite	ch & ft.	width of ditches	<u>}</u> ft.	depth of ditches 19-24 in.
French l	Drain Required:		_Linear feet	Date:	2-16-0	6	
_	rmit is subject to r r intended use cha		if site	_	~		FROM ABOVE DATE
			Die		1: Enviro	nmental H	ealth Specialist
T		1	113	3			1
			413				Meet onich
	p	64				3	for Fra
2	(In						Lag S
	Mr.		95	A.P.	100	1/2	maintain
	19'	3Bn		6	4	1	All Jet Bach
			73	30' 0			
	Clas	More Co.	74				

AUTHORIZATION TO CONGTRUCT

Harnett County Department of Public Health, Improvement Permit # 2553 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 #						
Address						
1137						
Property Location SR# Road Name						
Subdivision 111 3(52/32) 3(5)						
# Bedrooms Proposed Lot Size						
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 Sethada. 50						
Septic Tank gal Pump Chamber 1995						
NITRIFICATION FIELD SPECIFICATIONS						
Number of fields # of lines per field 3 Length of lines Ft.						
Width of ditches ft. Depth of ditches Ft.						
French Drain: Linear feet required Depth of gravel						
No westewater aveter 1 111						
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 1.						
the conditions of the Improvement Permit and that a valid Operations Permit has been issued.						
Continued of the state of the s						
Yor West RS						
Signature of Authorized Agent for Harnett County						

Date