HAF TT COUNTY HEALTH DEPART

Nº19743

IM-ROVEMENT PERMIT

Be it ordained by the Harnett County Board of Health as follows tion of any building at which a septic tank system is to be used for disp from the Harnett County Health Department."	s: Section III, Item B. "No Personal of sewage without first	erson shall begin construction obtaining a written perm
Name: (owner) William Pollen	New Installation	Septic Tank
Property Location: SR# 1403 Cokerbury Rs.	_ Repairs	Nitrification Lin
Subdivision Cokes bury Park	Lot	#_9
Tax ID #	Quadrant #	
Number of Bedrooms Proposed:3	Lot Size:	
Basement with Plumbing: Garage:	1	
Water Supply: Well Public Community Distance From Well: ft.		
Following is the minimum specifications for sewage disposal sy		
Type of system: Conventional Other	to Alternating duelfin	lds reduction
Size of tank: Septic Tank: 1000 gallons	Pump Tank: /000 ga	llons system
Subsurface No. of exact length of each ditch 75	width of definition of the ditches ft. ditches ft.	epth of itches /2 in MAX
French Drain Required: Linear feet	1 /	Gin. ofcore
	2/6/2003	
This permit is subject to revocation if site Signed:	Duyan Mowain	R.S.
plans or intended use change.	Environmental Hea	Ith Specialist
* Maitainall setbacks		
* 5 of off Pond	075	50'
* 2 tidds with		31/-
3 Lines each 33 * Each filed with its own D-Box		
* Filds to be seperated 40 KTT' by Bull Lun Value 84		121
* Lines to be run on contour & NO DEERER	35.1	
than 12:nchs 226	Coka burry Park La.	Jan
* Wer system		
* Fields to be alternated		

HARN | COUNTY HEALTH DEPARTN | T AUTHORIZATION TO CONSTRUCT

by Harnett County Health Department, Improvement Permit #		
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.		
Dilliam Pulle		
Name P.O. Box 128 Fugury Variage N.C. 27526 Address		
PO BOY 128 C 11: 110 2501		
Address		
1403		
Property Location SR# Cokes busy Road Name		
Cakerba la la		
Cakes buy his h 9 3 Subdivision Lot # # Bedrooms Proposed Lot Size		
TYPE OF SYSTEM		
[New Installation [] Repair [] Septic Tank [] Nitrification Lines		
[] Conventional [TOther Pump to doe! Alternating fields of lizing 25% reduction syste		
[] Basement [] With Plumbing [] Without Plumbing		
Water Supply: [] Well [Public Water Supply Minimum Well Setback: Ft.		
Septic Tank /000 gal Pump Chamber /000 gal		
NITIRFICATION FIELD SPECIFICATIONS		
Number of fields 2 # of lines per field 3 Length of lines 75 Ft.		
Width of ditches 3 ft. Depth of ditches /2 inches MAY		
French Drain: Linear feet required Depth of gravel		
Depth of graver		
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.		
(S. M. P.		
Signature of Authorized Agent for Harnett County of Harnett Date Date		
Date		