HAR T COUNTY HEALTH DEPART T # 22715 ZIS-1 8-2-05

IMPROVEMENT PERMIT 22544

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 writte permit from the Harnett County Health Department."
Name: (owner) Dans Nords Property Location: SR# 1201 Subdivision CArdina Season New Installation Septic Tank Repair Nitrification Line Expansion Lot #
Property Location: SR# 1201 Nitrification Line Expansion
Subdivision CArolina Season Lot # C-9
Number of Bedrooms Proposed: 3 (58×3+) 360 ged Lot Size: 45 AC
Number of Bedrooms Proposed: 3 (38x3t) 363 8pq Lot Size: 10 17th
Basement with Plumbing: Garage:
Water Supply: Well Public Community Distance From Well: ft.
Following is the minimum specifications for sewage disposal system on above captioned property.
Subject to final approval. Type of system: Conventional Other Pury to 25% Relating SYSTEM
Size of tank: Septic Tank: gallons Pump Tank: gallons
Subsurface No. of exact length width of depth of
Subsurface No. of exact length width of depth of the ditches fr. of each ditch fr. ditches
From Brig Brains Line 6 425% Reduction System
French Drain Required: Linear feet Date: 03-17-06 This permit is subject to expect the first of the permit is subject to expect the first of the permit is subject to expect the first of the permit is subject to expect the first of the permit is subject to expect the permit is subjec
This permit is subject to revocation if site PERMIT EXPIRES 5 YEARS FROM ABOVE DATE
plans or intended use change.
157 Similar () = 1 AV
Signed: Signed: Favironmental Health Specialist
Signed: Signed: Environmental Health Specialist
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HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 27544. 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
(20)
Property Location SR# Road Name
CAROLING STADO) C-1 3(58 x 34) JUDGE Lot Size
Subdivision Lot # # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
New Installation [] Repair Septic Tank [Nitrification Lines
New Installation [] Repair Septic Tank Witrification Lines [] Conventional HOther Pump to 25% Reduction SYSTEM
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well [] Public Water Supply Minimum Well Setback:Ft.
Septic Tank gal Pump Chamber gal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields# of lines per field Ength of lines Ft.
Width of ditches
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 has been installed according to the conditions of the Improvement Permit and that a valid Operations Permit has been issued.
Signature of Authorized Agent for Harnett County Date