T COUNTY HEALTH DEPARTM

IMPROVEMENT PERMIT

06-5-149462 Home, Nº 14350 06-5-14961 Bilds

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 Deportment."

from the Harnett County Health	•		
Name: (owner) Zanny 7	homes ENIS	New Installation	Septic Tank
Name: (owner) Zana 7	112 Christian English	Repairs	Nitrification Lin
Subdivision		Lo	ot #/
Tax ID #		Quadrant #	
Number of Bedrooms Propos	sed: 3Bm 3606PD	_ Lot Size:	
Basement with Plumbing:	Garage:		
Water Supply:	Public Commun	nity	
Distance From Well:	50'ft.		
Following is the minimum specifinal approval. Type of system: Conver		al system on above captioned	
Size of tank: Septic	Tank: 1000 gallons		
	exact length	width of	depth of
French Drain Required:	Linear feet		
This permit is subject to re-		6-29-06	1 10,119
plans or intended use chang		Environmental He	ealth Specialist
	250°		
Systen LAyout		6 0	Systen- IS FIAGGED!
for 240' only		+ + 4	FIAGGED
System LAyout fox 240' only NEED 200' of . GLFAN	+	, r	
		142 2i 6 10 0 mE	
	Purp Repair	DATY	
	SR 1412 Christ	fiaultget.	

06-5-14946R Home 06-5-14961R Baley)

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater sy Harnett County Department of Public Health, Improveme	nt Permit # /UZCA Th:			
authorization shall be valid for a period not to exceed five <i>This authorization will be invalid if ownership</i> , site plans	(5) years from the date of issuance			
Name /	Telephone #			
Janny Thomas FILTS Name 404 HARVETT Cerlnal RD F.V. Address	N.C. 775-26			
Property Location SR#	Christian Legat Road Name			
Subdivision Same 36 Subdivision Lot # Bedrooms Prope	20GPD 1.573			
Subdivision Lot # # Bedrooms Prope	osed Lot Size			
TYPE OF SYST				
[New Installation [] Repair [Septic Tank	Nitrification Lines			
[] Conventional [] Other				
[] 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/	Length of lines ZYO Ft.			
Width of ditches ft. Depth of ditches inches				
French Drain: Linear feet required Depth of gravel				
No wastewater system shall be covered or placed into use by Harnett County Health Department has determined that the che conditions of the Improvement Permit and that a valid County Health Department Permit and that a valid County Health Permit	system has been installed according to			
2 1 1 1 1 1 8				
ignature of Authorized Agent for Harnett County Date				
bygnature of Authorized Agent for Harnett County	Date			