HARNE'

COUNTY HEALTH DEPARTMEN

HTE 06500 15051

## **IMPROVEMENT PERMIT**

21786

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 Department."

from the Harnett County Health Department.		
Name: (owner) Conbellard Hones		Septic Tank
Property Location: SR#	☐ Repairs	Nitrification Line
Subdivision Yukshin Plantatia	Lot #	182
Tax ID #	Quadrant #	
Tax ID #	ze: .95A.	
Basement with Plumbing: Garage:		
Water Supply:  Well Public  Community		
Distance From Well: 50 ft.		
Following is the minimum specifications for sewage disposal sy to final approval.		ed property. Subject
Type of system:   Conventional   Other   S	Reduction	
Size of tank: Septic Tank: 1000 gallons Pump	Tank:gallons	
Size of tank:  Septic Tank: 1000 gallons  Pump  Subsurface  No. of exact length of each ditch ft.	width of	depth of ditches Fig. in.
French Drain Paguired: Linear feet		
Date:	6/14/06 d: Huth C-	
This permit is subject to revocation if site Signer	de Shuth C	·
plans or intended use change.	Environmental He	
* Install lines on content	Environmental II	editir opecianst
* Install Stopdowns as needed		
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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 # 2/186. 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  P. v. Box 727  Dunn  Address		
P. D. Box 727 Dunn Address		
Property Location SR#  Road Name		
Yorkshina 182 3BR (360) 182 Subdivision Lot # Bedrooms Proposed Lot Size		
TYPE OF SYSTEM		
New Installation [] Repair Septic Tank Nitrification Lines  [] Conventional Other 25/2 Reduction		
[ ] 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 Ft.		
Width of ditches ft. Depth of ditches fs. Depth of ditches inches		
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		