HARNETT COUNTY HEALTH DEPARTMENT

HTE 05-5-11/25

IN ROVEMENT PERMIT 21299

Name: (owner) <u>Chyman-willy</u> Property Location: SR#_1705 Fin				
ubdivision Par # B John Robert P	: tchen		Lot # Par# K	3
ax ID #		Quadrant #		
ax ID # Tumber of Bedrooms Proposed:	<u> </u>	Lot Size:		
asement with Plumbing:	Garage:	Ø		
Vater Supply:				
ollowing is the minimum specificati		ocal evetam an above		4 9 11
nnai approvai.				perty. Subject
ype of system: Conventional	Other Pon	pto Conventions	2	
ize of tank: Septic Tank:	Vsf.4gallons	Pump Tank: /CGG g	allons	
ubsurface No. of e orainage Field ditches 4 o	xact length	width of	denth	of
rainage Field ditches 4 o	f each ditch 120 f	t. ditches 3	_ft. ditche	5 <u>/2</u> in. 6:10 of a
rench Drain Required:	Linear feet	Date: $\frac{2}{2}$ /22/20		6 in of a
his permit is subject to revocation i	f site	Signadi	M. S. D	Γ
lans or intended use change.	1 Site	Signed: //\		4
ans of mended use change.				
ans of intended use change.	33.		ental Health Sp	
1 76' 7 Feel				
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To From 13	Garan Caran		ental Health Sp	
70° 70° 70° 70° 70° 70° 70° 70° 70° 70°	Garan Caran		ental Health Sp	

HARNET COUNTY DEPARTMENT OF BLIC HEALTH AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a waster Harnett County Department of Public Health, Imparauthorization shall be valid for a period not to exceen This authorization will be invalid if ownership, since the property of the construction of the construction will be invalid if ownership, since the construction will be invalid if ownership, since the construction of the construc	ovement Permit # 2299 . This ged five (5) years from the data of
Name	
Name	Telephone #
Address Mills Rd. Fryetter: 112 N	C. 28304
1705	ſ. o
Property Location SR#	Road Name
John Robert Pitchen Part B 3 Subdivision Lot# # Bedroom	
Lot # # Bedroo	oms Proposed Lot Size
TYPE OF S	SYSTEM
[New Installation [] Repair [Septic Tan	k [] Nitrification Lines
[] Conventional [] Other Comp to Count	et ind
[] Basement [] With Plumbing [] Without Pl	
Water Supply: [] Well [Public Water Supply P	oly Minimum Well Setback: 50 Ft.
Septic Tank Existing gal Pump	Chamber /ის ს gal
NITRIFICATION FIEL	
Number of fields# of lines per field	Length of lines /20 Ft.
Width of ditches ft. Depth of ditches	12 inches
French Drain: Linear feet required Dept	n of gravel
No wastewater system shall be sovered as all 1	
No wastewater system shall be covered or placed into Harnett County Health Department has determined the conditions of the Improvement Permit and that a	not the custom has been the till to the ti
Signature of Authorized Agent for Harnett County	2/22/2005
· · · · · · · · · · · · · · · · · · ·	Date