## HARNIT COUNTY HEALTH DEPARTME IMPROVEMENT PERMIT 01-5-1263

Be it ordained by the Harnett County Board of Health as follows: Se tion of any building at which a septic tank system is to be used for disposa from the Harnett County Health Department,"	ction III. Item B. "No Pe	rson shall begin construc- obtaining a written permit
	New Installation	Septic Tank
Property Location: SR#	☐ Repairs	Nitrification Line
Subdivision PeachTRee	Lot	# 26
Tax ID #	Quadrant #	
Number of Bedrooms Proposed: 3 ( 48 x 52 Lot 5	Size: 20, 224	ss f+
Basement with Plumbing: Garage:		
Water Supply:   Well  Public   Community		
Distance From Well:ft.		
Following is the minimum specifications for sewage disposal system	n on above captioned j	property. Subject to
final approval.  Type of system: Conventional Other		
Size of tank: Septic Tank: Degallons Pum		lons
		epth of
Drainage Field ditches of each ditch 303 ft.	ditches ft. di	tches Ba in.
French Drain Required: Linear feet	20.32	
This populities subject to a series of the Date:	02-36	
This permit is subject to revocation if site plans or intended use change.	Environmental Heal	IN Constation
150	Rynn	
STUBOnt Plumbing Challow 18 to 24" Ditch Oyth Maintain All set Backs Road	18	163
Donat Dave Dalfah on suite som		

## HAI TT COUNTY HEALTH DEPARTMENT AUT RIZATION TO CONSTRUC

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.    Converse	Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 17582. This		
Address  Property Location SR#  Road Name    Call   State   Call   Call	authorization shall be valid for a period not to exceed five (5) years from the date of issuance.		
Address    Carlo True   Depth of ditches   Public - Minimum Well Setback: Septic Tank   Pump Chamber     Number of fields	I his authorization will be invalid if ownership, site plans, or intended use change.		
Address    Carlo True   Depth of ditches   Public - Minimum Well Setback: Septic Tank   Pump Chamber     Number of fields	Name Percy Honer		
Property Location SR#    Cap   Tuc	Telephone #		
New Installation     Repair     Septic Tank     Nitrificiation Lines	Address		
New Installation     Repair     Septic Tank     Nitrificiation Lines	1115		
New Installation [ ] Repair   Septic Tank   Nitrificiation Lines	$\Omega$		
TYPE OF SYSTEM    New Installation [ ] Repair   Septic Tank   Nitrificiation Lines   Conventional Other	401/601		
New Installation [ ] Repair   Septic Tank   Nitrificiation Lines	Subdivision Lot # Bedrooms Proposed Lot size		
New Installation [ ] Repair   Septic Tank   Nitrificiation Lines	TYPE OF SYSTEM		
Water Supply: [] Well Public - Minimum Well Setback: Ft. Septic Tank Pump Chamber NITRIFICATION FIELD SPECIFICATIONS  Number of fields # of lines per field Length of lines 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 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			
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has been installed according to the conditions of the Improvement Permit and that a			
valid Operations Permit has been issued.	has been installed according to the conditions of the Improvement Permit and that a		
	valid Operations Permit has been issued.		
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(1-22-02	(1-22-02		
Signature of Authorized Agent for Harnett County  Date	Signature of Authorized Agent for Harnett County  Date		