HARNETT COUNTY HEALTH DEPARTMENT

IMP OVEMENT PERMIT

01-5-1399 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."	
Name: (owner) Ment Pigrice	New Installation Septic Tank
Property Location: SR#	Repairs Nitrification Line
	F
Subdivision Perchtree Crossing	Lot #_ /4 6
Tax ID #	Ouadrant #
Number of Bedrooms Proposed: 3(33) 55 Lot	Size: ,5AC
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	
Size of tank: Septic Tank: Dog gallons Pur	mp Tank: gallons
Subsurface No. of ditches exact length of each ditch ft.	1 12
French Drain Required: Linear feet	05-1
	3-05-01
This permit is subject to revocation if site plans or intended use change. Signed:	John My
112	/Environmental Health Specialist
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HAPMETT COUNTY HEALTH DEPARTMENT **AUTILURIZATION TO CONS...RUCT**

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 1825 | _____, 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. Owner or Authorized Agent Kent Viccre Property Location: SR # _____ Road Name _____ New Installation Repair Septic Tank Nitrification Lines Subdivision Reach TRee CROSSINY Lot# 146 Number of Bedrooms Proposed: 3(33×50) Lot size: - 5 AC Basement _____ With Plumbing ____ Without Plumbing _____ Water Supply: Well _____ Public _____ Minimum Well Setback: _____ ft. Type of System: Conventional Ooo Other Tank Volume: Septic Tank /022 gallons Pump Chamber _____ gallons Nitrification Field Specifications Number of fields _____ Number of Lines per Field _____ Length of lines 240 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 valid operations permit has been issued.

Authorized Agent for Harnett County Health Department

Date: _______ Name:

(Revised 2/96) CNSTRCT. WPD