HATT COUNTY HEALTH DEPART TONT

INPROVEMENT PERMIT 01-5-1732 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)	New Installation Septic Tank
Property Location: SR#	Repairs Nitrification Line
Subdivision YORKShike Plantation	Lot #_23
Tax ID #	Quadrant #
Number of Bedrooms Proposed: 3(59x28)	Lot Size: 5,22 AC
Basement with Plumbing: Garage:	
Water Supply: Well Public Communi	
Distance From Well:ft.	
Following is the minimum specifications for sewage disposal final approval.	system on above captioned property. Subject to
Size of tank: Septic Tank: gallons	
Subsurface No. of exact length of each ditches of each ditch	width of the depth of the MAX
French Drain Required: Linear feet	
Date: .	4-17-01
This permit is subject to revocation if site	1: On har)
plans or intended use change.	Environmental Health Specialist
Neet onsite	Pink Fbb- TS
Before Installing Creck	V. P. A. REAL
8" Max Oitch Opthi)	130' Prop Prop
	- L. L.
DO NOT DRIVE OR	28X54 - 1120
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	Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 18013. 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 Dany Workis	
	Name: Telephone # 892-4345	
	Address:	
)	Property Location: SR # 108 Road Name	
]	New Installation Repair Septic Tank Nitrification Lines Subdivision YORKShike Plantaton Lot # 23	
ľ	Number of Bedrooms Proposed: 3(55x28) Lot size: 522 Ac	
I	Basement With Plumbing Without Plumbing	
7	Vater Supply: Well Public Minimum Well Setback: ft.	
1	ype of System: Conventional Other	
1	ank Volume: Septic Tank gallons Pump Chamber gallons	
	Nitrification Field Specifications	
Number of fields Number of Lines per Field Length of lines SO		
	rench Drain: Linear feet required Depth of gravel	
H	o wastewater system shall be covered or placed into use by any person until an inspection by the arnett County Health Department has determined that the system has been installed according to e conditions of the improvement permit and that a valid operations permit has been issued.	
	ame: Date:	
(R	evised 2/96)cystrct.wpd	