HARNE COUNT

COUNTY HEALTH DEPARTME!

IMPROVEMENT PERMIT

Nº 18904 OF 5-2930

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)	Any Mrrs / Cumber Land Homes New Installation Septic Tank	
Property Location:		ine
	Hong Bee Circle	
Subdivision	ACHTREE Lot # 157	
Tax ID #		
Number of Bedroom	ms Proposed: 3(37×50) Lot Size: 484Ac	
Basement with Plui	mbing: Garage:	
Water Supply:	Well Public Community	
Distance From Well	l:ft.	
final approval.	imum specifications for sewage disposal system on above captioned property. Subject to	0
	Conventional Other	
Size of tank:	garrens garrens	
Subsurface Drainage Field	No. of ditches ft. ditches 3 ft. depth of depth of ditches ft. ditches ft. ditches depth of ditches ft. ditches ft	
French Drain Requi	red: Linear feet	
This permit is subj	ject to revocation if site	
plans or intended i	Signed.	
		ON
	29'	MICH
	29' P 10' LPP	A)ci
	3BR P LPP RADIO	(V)CI.
	3BR P (10) LPP (2ppin 1) (2)	A)ci.
04	3BR P () LPP (Ppair) 1	5
45'	3BR P LPP Repair	(A) ci
21 45'	3BR P LPP Repair	A) ci
45'	3 BR 37+50 P (Appire)	Arch
21 45'	3BR P 2 20' 11	A)ci
21 45'	3BR 37+50 LPP Repair	A)ci
DR.VE	3 BR 37+50 LPP RAPAIR 29' TIO	5
DR.VE	3 BR 37+50 LPP RAPAIR 29' TIO	5
ORNE 189 STUB 0	3BR 37x50 Leppin	5
189 STUB O MAINTAI	3BR 37450 Cout Plumbing Out shallow - 18 to 24" Ditch Dything All set Backs - Do not Drive or pack on	5
189 STUB O MAINTAI	3BR 37x50 Leppin	5

ALTHORIZATION TO CLASTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described

by Harnett County Health Department Improvement Permit # 18904. 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 Osmi Name: ______ Telephone # 892-4345 Property Location: SR# ______ Road Name _____ New Installation Repair Septic Tank Nitrification Lines Subdivision VeAch Trez Lot # 157

Number of Bedrooms Proposed: 3(37×50) Lot size: 484AC Basement _____ With Plumbing ____ Without Plumbing ____ Water Supply: Well _____ Public ____ Minimum Well Setback: ____ ft. Type of System: Conventional _____ Other ____ Tank Volume: Septic Tank 1000 gallons Pump Chamber _____ gallons **Nitrification Field Specifications** Number of fields _____ Number of Lines per Field ____ Length of lines _____ Width of ditches 3 ft. Depth of ditches 1824 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: _/0-0((Revised 2/96) CNSTRCT. WPD