01-5-3330

RNETT COUNTY HEALTH DEP.

MENT

Nº 18994

IMPROVEMENT PERMIT

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." RAYNOR PROPERTIES Name: (owner) New Installation Septic Tank HILLIARO Property Location: ☐ Repairs Nitrification Line ALVING PLACE Subdivision Tax ID #___ _____ Ouadrant # ____ 3 ____ Lot Size: . 574 Ac Number of Bedrooms Proposed: Basement with Plumbing: Garage: Water Supply: ☐ Well Public Public ☐ Community Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Other POLYSTYRENE AGGREGATE TRENCH Type of system: Conventional Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons Subsurface width of _ exact length depth of of each ditch 75 ft. ditches 3 ft. ditches 18 in. Drainage Field ditches French Drain Required: _____ Linear feet Date: This permit is subject to revocation if site Signed: _ plans or intended use change. Environmental Health Specialist 125 *MAINTAIN ALL SETBACKS DRAWING NIS KRUN LINE ON CONTOUR LPP REPAIR 200 D 12

ROAD

NETT COUNTY HEALTH DEPARTME AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # This				
authorization shall be valid for a period				
This authorization will be invalid if owne				
RAMOND PROPERTIES		634-701	1	
RAYNOR PROPERTIES		639-201) Telephone #		
PO BOX 846 ANGIER	100	21-00-		
1456 Huyan Po	ii .	8		
Property Location SR#		Road Name		
CALVINS PLACE	4	3	. 54 4AC	
Subdivision	Lot #	# Bedrooms Proposed	Lot size	
	TYPE OF	SYSTEM		
New Installation [] Repair Septic Tank Nitrification Lines				
[] Conventional Other Pump To POZYSTYRENE AGGREGATE TRENCH				
[] Basement [] With Plumbing [] Without Plumbing				
Water Supply: [] Well Public - Minimum Well Setback: 50 Ft.				
NITRIFICATION FIELD SPECIFICATIONS				
MIRITEATION FIELD SI ECHTCATIONS				
Number of fields / # of lines per field H Length of lines 75 Ft.				
Width of ditches 3 ft. Depth of ditches \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\				
-	*			
French Drain: Linear feet required Depth of gravel				
No wastewater system shall be	covered o	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.				
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THE ME		_ 1 . 1		
MM Chill		3 18/02 Date		
Signature of Authorized Agent for Harnett County		Date		