01-5-3339

HARNE

COUNTY HEALTH DEPARTMEN

Nº 18995

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."

Property Location: SR#	Septic Tank
Number of Bedrooms Proposed:	Nitrification Line
Number of Bedrooms Proposed:	ot #_\2
Number of Bedrooms Proposed:	
Water Supply:	
Distance From Well:	
Type of system: Conventional Conventional Size of tank: Septic Tank: Septic Tank: Septic Tank: Subsurface No. of exact length width of ditches of each ditch of each ditches ft. ditches ft. Conventional Conventiona	
Size of tank: Septic Tank: O gallons Pump Tank: Gallons Subsurface No. of exact length of each ditch of each ditches ft. of each ditches I Linear feet This permit is subject to revocation if site Signed: Signed:	
Subsurface No. of exact length width of of each ditch 300 ft. ditches 3 ft. of each di	
This permit is subject to revocation if site Signed: Signed:	depth of ditches 18-24 in.
Difficilities in the second of	alth Specialist
*MAINTAIN ALL SETBACKS 4/// 2 LPP REP. LPP REP. 40 LPP REP.	

AU HORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit #_\8995 . 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.							
DAV	INOR PROPE	CONTEC		639-201	\		
Name	11012 110041	201165		31001	Telephone #		
20	Box 840	Angie	2/1 ~	27502	produced the second sec		
Address	00, 0,0	TINGIE	AC 100	21302			
152	Harris	an Ro					
Property I	Location SR#	100			Road Name		
CAL	-VINS PLAC	E	12	3			
Subdivisio		~	Lot #	# Bedrooms Pro	posed Lot si	ize	
			TYPE OF SY	STEM			
New Installation [] Repair [Septic Tank [] Nitrification Lines							
[] Conventional Other Pump To POLYSTYRENE AGGREGATE TRENCH							
[] Basement [] With Plumbing [] Without Plumbing							
Water Supply: [] Well Public - Minimum Well Setback: 50 Ft.							
NITRIFICATION FIELD SPECIFICATIONS							
Number of fields # of lines per field Length of lines 300 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 valid Operations Permit has been issued.							
Signature	of Authorized Agent	for Harnett Cour	ntv	3])8/02- Date			