HARNE

COUNTY HEALTH DEPARTMEN

Nº 18622

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."

from the Harnett County Health Department."
Name: (owner) Raywor Properties New Installation Septic Tank
Property Location: SR# 1456 H=11=Apd Repairs Nitrification Lin
Subdivision Calvers Place Lot # 15
Tax ID # Quadrant #
Number of Bedrooms Proposed:3 Lot Size:58
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: Other
Size of tank: Septic Tank: gallons Pump Tank: gallons
Subsurface No. of exact length width of depth of ditches 4 of each ditch 75 ft. ditches 3 ft. ditches 18-22 in.
French Drain Required: Linear feet
This permit is subject to revocation if site plans or intended use change. Date:

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ARNETT COUNTY HEALTH DEPART T AU THORIZATION TO CONSTRUCT

Hamatt County Health Department Improvement Permit # 10/27				
Harnett County Health Department, Improvement Permit # 18622. 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.				
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P.O. BOX 846 Angie Address			relephone #	
			, complete to	
1.0. BOX 846 Angre	N.C.	27502		
Address				
Property Location SR#		/	HIS I same	
Property Location SR#		Road Name		
CALVENS PLACE Subdivision	15	3	,58	
Subdivision	Lot #	# Bedrooms Propo	sed Lot size	
TYPE OF SYSTEM				
New Installation [] Repair [Septic Tank [Nitrificiation Lines				
New Installation Repair Septic Tank Nitrificiation Lines				
[Conventional Other [] Basement [] With Plumbing [] Without Plumbing				
Water Supply: [] Well Public - Minimum Well Setback: 50 Ft.				
AUTOMORO ATTONI ETEL D. CDDCCCCC ATTONIC				
NITRIFICATION FIELD SPECIFICATIONS				
Number of fields # of lines per field Length of lines 75 Ft.				
Width of ditches ft. Depth of ditches inches				
White of diches in Depth of diches in Depth of diches				
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.				
1-	10	5 •••••		
Signature of Authorized Agent for Harnett Cou	wg.	11-15-0	7	
Signature of Authorized Agent for Harnett Cou	inty	Date		