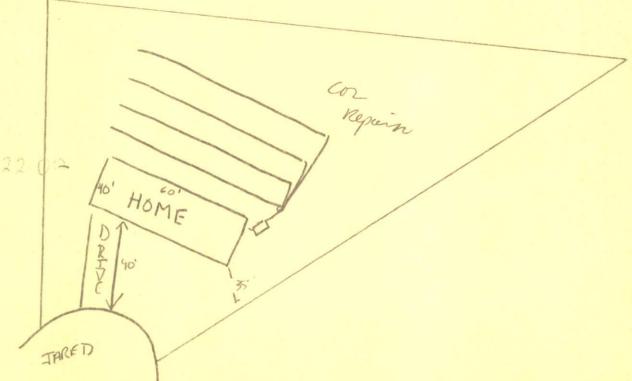
HA ETT COUNTY HEALTH DEPART

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No 18624

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." New Installation Septic Tank Name: (owner) KALLNON Knonentres Property Location: SR# 1456 Repairs Nitrification Line Subdivision CALVENS PLACE _____ Lot #__/7 _____ Quadrant # ____ Tax ID #____ _____ Lot Size:_______ 59 Number of Bedrooms Proposed: Basement with Plumbing: Garage: Public ☐ Community Distance From Well: _____ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional Type of system: Other ____ Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons exact length width of depth of of each ditch 75 ft. ditches 3 ft. ditches 15-27 in. Subsurface Drainage Field ditches French Drain Required: _____ Linear feet This permit is subject to revocation if site plans or intended use change. Environmental Health Specialist



RNETT COUNTY HEALTH DEPARTM AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 18624 . 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.		
Name Non Properties	Telephone #	
	Telephone "	
Ray Non Properties Name P.O. Box 846 Angiex Address	N.C. 27507	
Address		
Property Location SR#	HILLAND	
Property Location SR#	Road Name	
Calvanos Place 17 Subdivision Lot #	7	159
Subdivision Lot #	# Bedrooms Proposed	Lot size
TUDE OF SUSTEM		
TYPE OF SYSTEM		
[New Installation [] Repair [Septic Tank [Nitrificiation Lines		
[Conventional Other [] Basement [] With Plumbing [] Without Plumbing		
[3] Conventional Other [] Dasement [] Wan Flambing		
Water Supply: [] Well [Public - Minimum Well Setback: Ft.		
NITRIFICATION FIE	LD SPECIFICATIONS	
, (f)		
Number of fields 2 # of lines per field 4 Length of lines 75 Ft.		
Width of ditches ft. Depth of ditches inches		
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 en
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.		
James Manhant eres	,, ,,-	
Signature of Authorized Agent for Harnett County	//-15-01 Date	-1