HARNI COUNT

COUNTY HEALTH DEPARTMEL

Nº 18645

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) KAYNON PROPERTIES SR# 1456 Hallaparl Property Location: ☐ Repairs Nitrification Line Subdivision CAlvins Place Lot # 22 Quadrant # _____Lot Size:______69 Basement with Plumbing: Garage: Public Water Supply: 7 Well 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: Conventional Other___ Septic Tank: 1000 gallons Size of tank: Pump Tank: _____ gallons No. of exact length width of depth of ditches of each ditch 150 ft. ditches ft. ditches in. Subsurface Drainage Field French Drain Required: _____ Linear feet Date: 12-70-01 Signed: James EManhartinas This permit is subject to revocation if site plans or intended use change. Environmental Health Specialist CONTRACTOR TOMEET MYSED DUINE ON SITE Prior 5/2/07 to INStallation NI Level on Brell Corner!

#01-5-3347

ARNETT COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to co Harnett County Health Departmen authorization shall be valid for a per This authorization will be invalid if a	ri, Improvement Po	five (5) years from 4	. This	
Name		635-2011 Talanhara #		
P.O. Boy 846 Ang	ien p.c	2. 27502	priorie #	
Property Location SR#				
Subdivision	22	3	.63	
Subdivision	Lot#	# Bedrooms Proposed	Lot size	
TYPE OF SYSTEM [New Installation [] Repair [Septic Tank [Nitrificiation Lines [Conventional Other [] Basement [] With Plumbing [] Without Plumbing Water Supply: [] Well [Public - Minimum Well Setback: Ft.				
Number of fields # of lines per field Length of lines 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	nty	/2-21-0/ Date		