HARNE

i

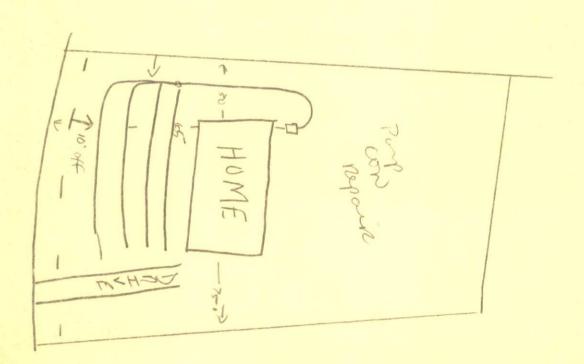
COUNTY HEALTH DEPARTMENT

Nº 18646

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."				
Name: (owner) Pay Non Properties	New Installation Septic Tank			
Property Location: SR# 1456 Halkand	Repairs Nitrification Lin			
Subdivision Calvins Place	Lot #_ 23			
Tax ID #	Quadrant #			
Number of Bedrooms Proposed: Lot Size	67			
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				
Type of system: Conventional Other FEE 727	? LAYIWNS-SS.31			
Size of tank: Septic Tank: 1000 gallons Pump Ta	ank: gallons			
Subsurface No. of exact length wide of each ditch 25 ft. ditches	th of depth of thes ft. ditches in.			
French Drain Required: Linear feet				
This permit is subject to revocation if site Signed:	12.21-01 mes & MANhart ares nvironmental Health Specialist			



ARNETT COUNTY HEALTH DEPART T AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to constru Harnett County Health Department, Im authorization shall be valid for a period This authorization will be invalid if owner	provement P not to exceed	ermit # 1869	. This
			754
Name Name Monestres			639-2011
Time /		7	Telephone #
Raynon Properties Name P.O. Box 846 Argier Address	N.C.	27502	
Property Location SR#			tilliand
Toperty Location SR#		F	Road Name
_ Calvin Place	23	3	67
Subdivision Place	Lot #	# Bedrooms Propos	sed Lot size
TYPE OF SYSTEM [New Installation [] Repair [Septic Tank [] Nitrificiation Lines			
The second of the part of the second of the			
[Conventional Other			
Water Supply: Well Public - Minimum Well Setback: 56 Ft.			
NITRIFICATION FIELD SPECIFICATIONS			
Number of fields 2 # of lines per field 4 Length of lines 75 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 County	<u>. </u>	/ 7-2 Date	ע-ט)