HARN

COUNTY HEALTH DEPARTMI

No 18650

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) Veff Pope SR# 1769 old STAGE Property Location: ☐ Repairs Nitrification Line Subdivision DEER PATH FARMS Lot# 6 Quadrant # Tax ID #____ Lot Size: 7.55 paces Number of Bedrooms Proposed: Basement with Plumbing: Garage: Public Water Supply: Well Community Distance From Well: 501 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: 1200 gallons Pump Tank: _____ gallons Size of tank: Subsurface No. of ditches 4 exact length width of depth of of each ditch 125 ft. ditches 3 ft. ditches 18-70 in. Drainage Field French Drain Required: ____ _____ Linear feet This permit is subject to revocation if site plans or intended use change. Maintai all Setbook * Contractor to Contract HKHD priore to Installation. * If PlumbIng IS NOT STUBBED OUT High Shover runp will Be Required.

ARNETT COUNTY HEALTH DEPART! ... THORIZATION TO CONST.

Authorization is hereby given to construct a wastewater system to the specifications described by					
Harnett County Health Department, Improvement Permit # 18656 . This authorization shall be valid for a period not to exceed five (5) years from the date of issuance.					
This a	This authorization will be invalid if ownership, site plans, or intended use change.				
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Name	Name 9/9-639. 0780 Telephone # 7568 010 Bruis Creek RD Argien N.C.				
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765 Property Location SR# Road		STACER			
Tropuly	Coa Coa		Road	Name	
Subdivis	ion TATH		4	7.55	
	ER CATH ion	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.					
NITRIFICATION FIELD SPECIFICATIONS					
Number of fields 2 # of lines per field 4 Length of lines 125 Ft.					
Wild Challes 2					
Width of ditches ft. Depth of ditches inches					
Francis David V.					
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.					
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Signature of Authorized Anthony					
Signature of Authorized Agent for Harnett County Date					
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