HARNITTE COUNTY HEALTH DEPARTME

IMPROVEMENT PERMIT

IMPROVEMENT PERMIT 02-5-3879

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) Han Iton Builden	New Installation Septic Tank
Property Location: SR# Old Yal	_ ☐ Repairs ☐ Nitrification Line
Subdivision LCc's Place	Lot #
Tax ID #	Ouadrant #
Number of Bedrooms Proposed: 3(35x44)	Lot Size: •35AC
Basement with Plumbing:	- Phose note Change In house
Water Supply: Well Public Communit	v location - to Plot Plan must
Distance From Well: 50 ft. Be choose	sed To March my Permit
Following is the minimum specifications for sewage disposal sinal approval.	system on above captioned property. Subject to
Type of system:	
Size of tank: Septic Tank: 1000 gallons	Pump Tank: gallons
Subsurface No. of exact length of each ditch ditches	width of 3 depth of / in.
French Drain Required: Linear feet	
· —	5-21-02
This permit is subject to revocation if site Signed	Jr WALS
plans or intended use change. Road To old 42\	Environmental Health Specialist
55 0	110
1 55 S	STUB O-+
(c12)	1 Jumbing
200	Shallow where shown, or pump
How How	MAN he Resumed
13 BOXYY MAX	coloria Must meet onsite
1 to	col must meet onsite.
Repaire Is Peat	/ Betore -nitalling septic.
Pretremment 13	7 30 627
48 TO LOD	MAINTAIN All Set BACKS 18"
	Ditch Depths - Repair is Pent
	the design the Road
	retreatment 5 LPP In the Rear of of with some LPP In Brucen Ditches
In the	

日本等外別學等 為古學院學行為各部 事為法院的原外原外作物

HAL IT COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # $_{-}$ /9094. This				
authorization shall be valid for a p This authorization will be invalid if	eriod not to exc	eed five (5) years from the	date of issuance.	
HAM. Hon. R. Ickes	ownersnip, sice p	893-5795		
Name		Telephone #		
		· · · · · · · · · · · · · · · · · · ·		
Address DIJ 42 (
Property Location SR#	3	Road No. 3(20x44)	35 _A	
Subdivision	Lot#	# Bedrooms Proposed	Lot size	
TYPE OF SYSTEM				
New Installation [] Repair Septic Tank Nitrification Lines				
Conventional Other				
[] Basement [] With Plumbing [] Without Plumbing				
Water Supply: [] Well Public - Minimum Well Setback:Ft. NITRIFICATION FIELD SPECIFICATIONS				
Number of fields # of lines per field Length of lines FL				
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.				
/				
(Jelnoll)		5-21-02		
Signature of Authorized Agent for Harnett Con	unty	Date		