NETT COUNTY HEALTH DEPA

IENT

Nº19713

IIVIPROVEMENT PERMIT

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin construc-

from the Harnett County Health Department."	isposal of sewage without first of	obtaining a written permit
Name: (owner) Daltat Kisty facks	New Installation	Septic Tank
Property Location: SR#_1516 Sker.ff Three Rd.	Repairs	Nitrification Line
Subdivision	Lot	#
Tax ID #	Quadrant #	
Number of Bedrooms Proposed: 4	Lot Size: 3.028Ac	
Basement with Plumbing: Garage:		
Water Supply: Well Public Communit	у	
Following is the minimum specifications for sewage disposal sinal approval. Type of system: Conventional Other		
Subsurface Orainage Field Septic Tank: gallons exact length of each ditch		
plans or intended use change.	Environmental Hea	L.I. Ith Specialist
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	SA 1516	* Het toscale
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H ETT COUNTY HEALTH DEPARTME AUTHORIZATION TO CONSTRUCT

Harnett County Health Department, Improver 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, s Dalta & Kristy Stacks	ite plans, or intended use change.
Name 2601 Sheriff Thoranda. C.	Telephone # 1. y fn , N. (. 27546
1516	Ler FFJchra
Property Location SR#	Road Name
Subdivision Lot #	# Bedrooms Proposed Lot size
TYPE	OF SYSTEM
[New Installation [] Repair [] Septic Tank	Nitrification Lines
[] Conventional Other 25 % reduction	
[] Basement [] With Plumbing [] With	out Plumbing
Water Supply: [] Well [Public - Minimum V	Vell Setback:Ft.
*	p Chamber
NITRIFICATION I	TELD SPECIFICATIONS
Number of fields# of lines per field	Length of lines Ft.
Width of ditches ft. Depth of ditches	l inches
French Drain: Linear feet required De	pth of gravel
has been installed according to the cond	d or placed into use by any person until an Department has determined that the system ditions of the Improvement Permit and that a Permit has been issued.
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