92-5-3924

HAI TT COUNTY HEALTH DEPARTI

IT

Nº 17674

IMPROVEMENT PERMIT

Name: (owner) Datont Kristy Stocks	New Installa	tion Septic Tank		
Property Location: SR# 1516 Sheriff Ju				
Subdivision		Lot #		
Tax ID #	Quadrant #			
Number of Bedrooms Proposed: 4	Lot Size: 3.028	Ac		
Basement with Plumbing: Gara	ge: 🔲			
Water Supply: Well Public Con	munity			
Distance From Well: 50 min_ ft.				
Following is the minimum specifications for sewage distinal approval. Type of system: Conventional Other Size of tank: Septic Tank: Octor gallons	r			
Subsurface No. of exact length of each ditch	110 ft. ditches 3 f	t. ditches 18 in MAX		
French Drain Required: Linear fee	1 /			
	Pate: 2/20/2002			
This permit is subject to revocation if site	igned: Bun My	L.S.		
plans or intended use change.	Environmental	Health Specialist		
20°	Pour Provide Amos of House 4B-	2391		
* Maintain all retlacks * Mun dither on contour + NO DEEPER than 18:nchs	Seize Gent	X Not to Scal		

ETT COUNTY HEALTH DEPARTME AU ORIZATION TO CONSTRUCT

Authorization is hereby given to cons				
Harnett County Health Department, Improvement Permit # 17674. This authorization shall be valid for a period not to exceed five (5) years from the date of issuance.				
This authorization will be invalid if on				
Dalfon + Knisty Stocks		893-5567 Telephone #		
		-		
2601 Sher: ff Johnson	Rd. Lillingt	ch N.C. 27546		
Address		y harries X and a second		
15-16		Sheriff Johnson Road Name		
Property Location SR#		Road Name		
		# Bedrooms Proposed	3.028	
Subdivision	Lot #	# Bedrooms Proposed	Lot size	
	TYPE OF SY	STEM		
[New Installation [] Repair [Septic Tank [Nitrification Lines				
Conventional Other				
[] Basement [] With Plumbing [] Without Plumbing				
Water Supply: [] Well [Public - Minimum Well Setback: 50 Ft.				
NITRIFICATION FIELD SPECIFICATIONS				
Number of fields / # of lines per field 5 Length of lines // Ft.				
Width of ditches ft. Depth of ditches /8 inches MAX				
French Drain: Linear feet required Depth of gravel				
No wastewater system shall b	e covered or p	laced 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.				
B 0101.00		/ /		
Signature of Authorized Agent for Harnett Cour	ntı.	2/26/2002		
organistic of Authorized Agent for Harriett Coul	шу	Date		