HARNE'

OUNTY HEALTH DEPARTMEN

Nº 19022

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) Kent Picace	New Installation	Septic Tank
Property Location: SR#//0 \lambda	Repairs	Nitrification Line
Subdivision YORKShire Plantation	Lot	# 22
T 10 "	Quadrant #	
Number of Bedrooms Proposed: 3 (3 8 × 58)	Lot Size: 2. 6/ Ac	
Basement with Plumbing: Garage	e: MUJT have	Plot Plan
Water Supply: Well Public Comm	nunity Meet this	Dermit.
Distance From Well: 55 ft. Owner (8	Awar of change	11 24
final approval.	osal system on above captioned	property. Subject to
Type of system: Conventional Other		
Size of tank: Septic Tank: 1000 gallons		
Subsurface No. of exact length of each ditch	width of 3 de de ft. ditches 3 ft. di	epth of htches in.
French Drain Required: Linear feet		
This permit is subject to revocation if site Da Sign	te: 3-26-02	
plans or intended use change.	gned: Environmental Hea	Ith Specialist
MUST Meet Onsite Before Installing		itii Specialist
12" max O. bl. Dooths	Pear Property Lin	
Must Baing in 8+210"	83	
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HARNETT COUNTY HEALTH DEPAI INT AUTHORIZATION TO CONSIRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 9000. 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 ownership, site plans, or intended use change.				
Ment Pience	910-424-1294			
Name	910-424-1294 Telephone #			
Address O \				
Property Location SR#		Road Name		
Tonkshim	22	3(38158)	2.6/20	
Subdivision	Lot #	# Bedrooms Proposed	2.6/M Lot size	
TYPE OF SYSTEM				
New Installation [] Repair [] Septic Tank [] Nitrification Lines				
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 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.				
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Signature of Authorized Agent for Harnett County