H **NETT COUNTY HEALTH DEPAR**

H NETT COUNTY HEALTH DEPAR ENT Nº 18748

INPROVEMENT PERMIT 02-5-4156

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin construction any building at which a sentic tank system is to be used for discovered for the construction."

from the Harnett County Health Department."	l of sewage without first	obtaining a written pern	
Name: (owner) DAMMy Morris Millenniam Hames	Mew Installation	Septic Tank	
Property Location: SR#	☐ Repairs	Nitrification Lin	
Subdivision_CRestores	Lot	# 80	
Tax ID #	Quadrant #		
Tax ID #	Size: 36 AC		
Basement with Plumbing: Garage:			
Water Supply: Well Public Community			
Distance From Well: ft.			
Following is the minimum specifications for sewage disposal systemal approval.	m on above captioned	property. Subject to	
Type of system: Conventional Other			
Size of tank: Septic Tank: Dog gallons Pum	ıp Tank: ga	llons	
Subsurface No. of exact length of each ditches ft.	width of ditches3 ft. d	epth of itches in.	
French Drain Required: Linear feet			
plans of intended use change.	9-18-02 Environmental Hea	alth Specialist	
HELD STOTEM 25 from 82			
Property Line with Oppings	Pretriet met		
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NETT COUNTY HEALTH DEPARTM AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 18718. This authorization shall be valid for a period not to exceed five (5) years from the date of issuance.			
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.			
DAMA DERRI	892-4745 Telephone #		
Name	1 cicpitotic #		
Address			
/115			
Property Location SR#	Road Name		
Subdivision Lot#	3(24×54) 36AC #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 2+5 Ft.			
Width of ditches $\frac{3}{1000}$ ft. Depth of ditches $\frac{13000}{1000}$ 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.			
1. 1.1 An	7-18-02		
Single Court	Date		