02-5-4252 REVISION

HARNETT COUNTY HEALTH DEPARTMENT

Nº 19666

IM. ROVEMENT 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."

| from the Harnett County Health Department." | sea tot disposat of sewage without in see | beaming a written perm |
|--|---|------------------------|
| Name: (owner) JUDY GREEN | New Installation | Septic Tank |
| Property Location: SR# NC 42 | Repairs | Nitrification Line |
| Subdivision | Lot | # |
| Tax ID # | Quadrant # | |
| Number of Bedrooms Proposed: | Lot Size: 2.58AC | |
| Basement with Plumbing: Gar | rage: | |
| Water Supply: Well Public Co | mmunity | |
| Distance From Well: ft. | | |
| Following is the minimum specifications for sewage d final approval. Type of system: DCConventional DIOth | | |
| Type of system: ☐ Conventional ☐ Other Size of tank: Septic Tank: ☐ gallons | | |
| Subsurface No. of exact length ditches 5 of each ditch | | |
| French Drain Required: Linear fee | | iches III. |
| Emeal rec | Date: 10/16/02 | |
| This permit is subject to revocation if site | Signed: | OCIVER TOLKSDORF) |
| plans or intended use change. | Environmental Heal | |
| | NC 42 | |
| + MAINTAIN ALL CETRACKS | 309' | |
| PRIOR TO INSTALLATION | 20-20- | |
| | INNOV. REPAIR 525 | ORMING NTS. |
| | | |
| | | |

I JETT COUNTY HEALTH DEPARTMI AU LIORIZATION TO CONSTRUCT

| Harnett County Health Department, Imprauthorization shall be valid for a period no | ovement Per | mit # <u>19</u> ve (5) vears | 66G from the da | This | |
|--|-------------------------------|---------------------------------|----------------------|--------------------|--|
| This authorization will be invalid if ownersh | ip, site plans, | or intended | l use change. | | |
| JUDY GREEN | | 9 | 10-552-3 | 098 | |
| Name | | | Telephone | | |
| 912 DUNHAM ST FURUAY | VARINA | NC | 27526 | | |
| Address NCH2 | | | | | |
| Property Location SR# | | Road Name | | | |
| | | 3 | | 145. | |
| Subdivision | ot# | # Bedrooms F | Proposed | 2.58AC Lot size | |
| TV | PE OF SYST | CICA. | | | |
| New Installation [] Repair] Septic Ta | nnk M Nitri | fication Line | | | |
| Basement With Plumbing Without Plumbing Water Supply: Well Public - Minimum Well Setback: 100 Ft. Septic Tank 1000 Pump Chamber NITRIFICATION FIELD SPECIFICATIONS | | | | | |
| No wastewater system shall be covinspection by the Harnett County He has been installed according to the covalid Operation | ealth Depart conditions of | tment has of the Imp | determine rovement F | d that the system | |
| Signature of Authorized Agent for Harnett County | | 10/16/0 Date | 2 | | |