H ETT COUNTY HEALTH DEPAR'

IMPROVEMENT PERMIT 02-5-4279

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

om the Harnett County Healt	h Department."	disposal of sewage without first o	
roperty Location: SR#_	1123	New Installation Repairs	Septic Tank Nitrification Line
Toperty Location. SK#_	114	Repairs	- Nitrification Line
ubdivision STONE CRE	دد	Lot	#
ax ID #		Quadrant #	
umber of Bedrooms Propo	sed: 4(59x50)	Lot Size: 4 ACRC	
asement with Plumbing:	Garage:		
later Supply:	Public Commun	nity	
istance From Well:	<u>\$5</u> ft.		
ollowing is the minimum sp	ecifications for sewage disposa	l system on above captioned p	property. Subject to
nal approval.	ntional		
	Tank: gallons		lons
rainage Field ditches	exact length of each ditch 30	ft. ditches 3 ft. dit	tches 8 in.
ench Drain Required:	Linear feet		
		4-1-02	
his permit is subject to re ans or intended use chan		d: Johnsel	
ans of intended use chan	175'	Environmental Heal	th Specialist
	1	دال مل دا۔	
MC	20	7 7 2	
0.16	15		
DRIVE	* /	//////	
4 36'	432		
Ler	4945	/////	
Peps 1			
			89'
		110 41	
-	25'		
C = 01			
1 574B Oct 1	andy shallow where	shown 18-21" D.	to and manta
All set now	Donal Dave or Pr		
3-1 3/16	DOLLON MINE OF IL	it or system system	

ARNETT COUNTY HEALTH DEPAR ...JTHORIZATION TO CONSINJCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # This
authorization shall be valid for a period not to exceed five (5) years from the date of issuance. This guthorization will be invalid if ownership, site plans, or intended use change.
1SAU Built Home; 910-864-1253 Name Telephone #
·
Address
[190
Property Location SR# Road Name
Stone Cass 10 4 (55x5s), YAC Subdivision Lot # # 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 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.
Signature of Authorized Agent for Harnett County Date