OUNTY HEALTH DEPARTMEN' HARNET

IMPROVEMENT PERMIT

Nº 19047

02-5-4299 Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin construc-

from the Harnett County Health Department."	ııı				
Name: (owner) Home Co Buddal New Installation Septic Tank					
Property Location: SR# Nitrification Lin	e				
Subdivision VeAch Tree Lot # 170					
Tax ID # Quadrant #	200				
Number of Bedrooms Proposed: 3 (48 x 32) Lot Size: 496 Ac					
Basement with Plumbing: Garage:					
Water Supply:					
Distance From Well:ft.					
Following is the minimum specifications for sewage disposal system on above captioned property. Subject to					
final approval. Type of system: Conventional Other					
Size of tank: Septic Tank gallons Pump Tank: gallons					
Subsurface No. of exact length width of depth of /2 1/					
Drainage Field ditches of each ditch ft. ditches ft. ditches ft. ditches					
French Drain Required: Linear feet					
Date:					
This permit is subject to revocation if site plans or intended use change. Signed: Fryironmental Health Specialist					
plans or intended use change. Environmental Health Specialist					
110 110					
1 / / / / / / / / / / / / / / / / / / /					
age flysic 10	17				
(60)					
7 48 43 7					
Drive					
98					
222					
STUB Out Plymbing shallow where shown or Pun	1				
(NAI h)					
\$ START Lines At 18" Run to 24" Tuen then Needed					
Follow contact Maintain all set, Backs					
Do not Da. NE Da park on septice System					

AU... ORIZATION TO CONSTRUCT

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 authorization will be invalid if ownership, site plans, or intended use change.					
G Hom Co. Builde		892 - 4345 Telephone #			
Name		Telephone	#		
Address					
_///	141				
Property Location SR#		Road Name			
Scarle Tree	170	3(48x32)	, 496 M		
Subdivision	Lot #	# Bedrooms Proposed	Lot size		
TYPE_OF SYSTEM					
New Installation [] Repair Septic Tank Nitrification Lines					
() Andrew () Andrew () Andrew		A THEORY AND S			
Conventional Other					
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					
With of diteles it. Depth of the	ittles for	menes			
Frank Davis, Linear 6 Association	D-4b-6				
French Drain: Linear feet required	Depth of g	gravei			
No most and a section of all he		11:			
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.					
/ Table of Political Decir Insuled.					
() $=$ 10		1,15			
Ja WX		4-11-02			
Signature of Authorized Agent for Harnett County		Date			