#02-5-4414 F No 19185

## HAR 'T COUNTY HEALTH DEPARTN

## 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) DANIE I WALL BLOK INC	New Installation Septic Tank
Property Location: SR#_Z10	Repairs Nitrification Line
Subdivision PEAN MENDOW	Lot # 5
Tax ID #	Quadrant #
Number of Bedrooms Proposed: Lot Size	
Basement with Plumbing: Garage:	
Water Supply:  Well Public  Community	
Distance From Well: ft.	
Following is the minimum specifications for sewage disposal system or final approval.	
Type of system: Conventional Other FEE-27	2 LAY IWNS. 55-31
Size of tank: Septic Tank: gallons Pump Ta	
Subsurface No. of exact length wide of each ditch 175 ft. ditches	
French Drain Required: Linear feet	
Date:	5-10-02
This permit is subject to revocation if site plans or intended use change.  Signed:	nvironmental Health Specialist
plans of intended use change.	nvironmental Health Specialist
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## H ETT COUNTY HEALTH DEPARTMEN AU\_\_ORIZATION TO CONSTRU\_.

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 19185. 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.					
DAVER I WALL BLAK	Eno		919.47	7 1554	
Name		Telephone #			
Name  701 Nahann Dr. Fugur Address	ny	N.C.	77576		
710		310			
Property Location SR#			Road Name		
PEAN MBADOW	5-		3	, 439	
Subdivision	Lot #	# Beda	rooms Proposed	Lot size	
	TYPE OF	SYSTEM			
[ New Installation [ ] Repair [ ] Septic Tank [ ] Nitrificiation Lines  [ Conventional Other [ ] Basement [ ] With Plumbing [ ] Without Plumbing					
Water Supply: [ ] Well [ Public - Minimum Well Setback:Ft.					
Septic Tank (000 Pump Chamber					
NITRIFICATION FIELD SPECIFICATIONS					
Number of fields Z # of lines per field Z Length of lines 125 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.					
Oame- & March	fere	n	5-10-02		
Signature of Authorized Agent for Harnett Cour	nty		Date	_	