## HART T COUNTY HEALTH DEPARTM | Nº 19066 INITROVEMENT PERMIT 02-5-44/32

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) May Obreis	New Installation	Septic Tank
Property Location: SR#	Repairs	Nitrification Lin
Subdivision CRestore  Tax ID #  Number of Bedrooms Proposed: 3 (47x5s)	Quadrant #	mys In pan Must make +- D. Norms
Size of tank: Septic Tank: Os gallons		
Subsurface No. of exact length of each ditches of each ditches	width of de ft. ditches ft. di	epth of 18d \in.
This permit is subject to revocation if site plans or intended use change.  Signed	Environmental Hea	
1.22.02 Application Submitted  8:5.02 In prevent Permit v  Completion Total  150  16 16 1720 100 tubble of 180	Anthousation to Entere Princets Completion eni	Const Issure into HTE
Mintain Allsot Backs - NOTE Do not Drive of park on signi syste	Changes In house	Dyerry

## 1 NETT COUNTY HEALTH DEPARTMI AU I HORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by			
Harnett County Health Department, Improvement Permit # 19066. 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. $\wedge \wedge \wedge$			
Name  892-4345  Telephone #			
Name Telephone #			
Address			
1115			
Property Location SR# Road Name			
Clestace 48 3 (50x43) 344Me			
Lot # # Bedrooms Proposed Lot size			
TYPE OF SYSTEM    New Installation     Repair   Septic Tank     Nitrification Lines   Novative			
New Installation [ ] Repair   Septic Tank   Nitrification Lines Charges Z hour			
1 X location			
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 ditchesft. Depth of ditchesinches			
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.			
vand Operations I cliffit has been issued.			
Le WAN 4-22-02			
Signature of Authorized Agent for Harnett County Date			