#02-5-4437

H ETT COUNTY HEALTH DEPAR

ENT

Nº 19167

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) WI/HAM Russell Move New Installation Septic Tank Property Location: SR# 1805 Weeks

Repairs Nitrification Line Subdivision _____ Lot #____ Tax ID #______ Quadrant #______ Number of Bedrooms Proposed: 4 Lot Size: 6.45 acce Basement with Plumbing: Garage: Public Community Distance From Well: ______ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Other Pump to Conventional Type of system: Conventional Septic Tank: 1200 gallons Pump Tank: 1200 gallons Size of tank: Subsurface No. of No. of exact length width of depth of of each ditches 4 of each ditch 1/5 ft. ditches 3 ft. ditches 12 in Drainage Field Linear feet French Drain Required: Signed: Environmental Health Specialist This permit is subject to revocation if site plans or intended use change. HOME

NETT COUNTY HEALTH DEPARTMI AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # /9/67 . 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.	
Wellean Ressell Mane	910-857-4197
Name	Telephone #
Name Name 691 Weeks Rd DUNN Address	N.C. 78334
Property Location SR#	Weeks
Troporty Location Sign	Road Name 4 6.45
Subdivision Lot #	6.45
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	4-18-07 Date