02-5-4441

HA ETT COUNTY HEALTH DEPAR

ENT

Nº 19129

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) QUEST DEVELORMENT			
Property Location: SR# HWY 4	0)	Repairs	Nitrification Lin
Subdivision WOOOVIEW		Lo	ot # 23
Tax ID #		Ouadrant #	
Number of Bedrooms Proposed:		ot Size: 1.00 AC	
Basement with Plumbing:	Garage:		
Water Supply: Well Pu	blic		
Distance From Well:	ft.		
Following is the minimum specification final approval.			
Type of system:			
Size of tank: Septic Tank:			
Subsurface No. of Drainage Field ditches	exact length	width of the disches 3 ft disches	depth of
French Drain Required:		i. diteriesit. (interies III.
This permit is subject to revocation plans or intended use change.	n if site Date: Signed:	Environmental He	alth Specialist
* Maintain ALL SETBACKS * RUN LINES ON CONTOUR * IR FALL CAN BE ACHIEVED WITSIDUT A PUMP IT MAY BE OMITIED	LPP REPAIR		
354	DICON		
	- 15 - 49 × 70		
	70'	DG->E	
March & Co.			

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AU...JRIZATION TO CONSTRU

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # \\^\gamma\). 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 owner					
QUEST DEVELOPMENT		910-567-6455			
POBOXAZI DUNN NC	28335				
HWY 40) Property Location SR#					
. 1		Road Name			
WOODVIEW	23	# Bedrooms Proposed	Lot size		
Subdivision	Lot #	# Bedrooms Proposed	Lot size		
TYPE OF SYSTEM New Installation [] Repair Septic Tank Nitrificiation Lines					
[] Conventional Other Rump To Conv. []Basement []With Plumbing [] Without Plumbing					
Water Supply: [] Well Public - Minimum Well Setback: 100 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 Hacuett County	,	4/24/02 Date			