#02-5-4521 r No 19175

HAF TT COUNTY HEALTH DEPARTN

IMPROVEMENT PERMIT

Be it ordained by the tion of any building at whi from the Harnett County	ich a septic tank system i	of Health as follows: So is to be used for disposa	ection III, Item B. "No I al of sewage without firs	Person shall begin construct obtaining a written perm
Name: (owner) Caa	igT Matthews	5	New Installation	Septic Tank
Property Location: S	R# 2008 HARVELLI	70	Repairs	Nitrification Line
Subdivision Whate				
Tax ID #			Quadrant #	
Number of Bedrooms I	Proposed: 3	Lot	Size:	
Basement with Plumbin				
Water Supply: W	Vell Public	Community		
Distance From Well:	150-7100 ft.			
Following is the minimufinal approval.				
Type of system:				
Size of tank: So	eptic Tank: 1000	gallons Pun	np Tank: g	allons
Subsurface N Drainage Field di	o. of exact of each of each	t length ch ditch <u>/SO</u> ft.	width of ditches ft.	depth of ditches 18-20 in.
French Drain Required			. 1	6
		Date:	4-29-02	
This permit is subject		Signed:	James & M.	what was
plans or intended use	change.		Environmental He	alth Specialist
STAY 100 OFF	c —			
WEIL!				
HOUSE Plan				1
To BE Flapped w	EIDEN E	dge -		(0 '
Place DIEVE	**	ciqi		
ON OPPOSITE	1001- 05C :			
SIDE AS	12	53 X60		
MARKECL.		LIME		
"INTELL.		MOLLE		
	K-45			
	版		The state of the s	
	I Y	LPPRepais	95'	
-	CENTER OF	PARD		
Wassend	CCPIDICO			

TT COUNTY HEALTH DEPARTMEN AUI DRIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 19/75 . This authorization shall be valid for a paried not to exceed five (5) years from the date of issue and					
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.					
CRAIG T Matthews	910-897-5787 Telephone #				
Name / Matthon S Name / Matthon S Address	Totaphona ii				
2008	Hanvell				
Property Location SR#	Road Name				
Whate PINES 4	# Bedrooms Proposed Lot size				
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: 50° 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	98 4-79-0 Z Date				