HARN COUNTY HEALTH DEPARTM

Nº 19087 IMPROVEMENT PERMITOR-5-4582 Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin construc-

from the Harnett County Health Department."	<u> </u>	st obtaining a written permit
Name: (owner) DAGG (OSCI)  Property Location: SR# 9108	New Installation	n Septic Tank
Property Location: SR#	☐ Repairs	Nitrification Line
Subdivision YORKShire Plantation	L	ot # 44
Tax ID #	Quadrant #	
Number of Bedrooms Proposed: 3(35x 6) 55) Lo	ot Size: 35 A	
Basement with Plumbing: Garage:		
Water Supply:  Well Public  Community		
Distance From Well: ft.		
Following is the minimum specifications for sewage disposal sys final approval.  Type of system:  Conventional  Other		
Size of tank: Septic Tank: 1000 gallons Pu		
Subsurface No. of exact length of each ditches from the subsurface of each ditches from the subsurface of each ditches from the subsurface of exact length of each ditches from the subsurface of each ditches fro	width of 3 ft.	depth of ditches 18-24 in.
French Drain Required: Linear feet	- 10	
This permit is subject to revocation if site  Signal:	2-13-02	
plans or intended use change. Signed: _	Environmental H	ealth Specialist
13 Den Jane 45 Page 135+55	28'	STUBOUT Plumbing Shallow 18:24" Ditch Caption All sid Back Do not Drive On path on Septic system

## I VETT COUNTY HEALTH DEPARTME AU I HORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewa Harnett County Health Department, Improvement Pauthorization shall be valid for a period not to exceed This authorization will be invalid if ownership, site plant	ermit #	This te of issuance.		
DAMY NORRIS				
Name	S92-	¥		
Address Property Location SR#				
Yorkshipe Montation 44 Subdivision Lot #	Road Name			
Subdivision Lot #	# Bedrooms Proposed	Lot size		
TYPE OF SY				
New Installation [ ] Repair   Septic Tank [ ] Ni	trification Lines			
[ ] Basement [ ] With Plumbing [ ] Without Plumbing				
Water Supply: [ ] Well   Public - Minimum Well Setback:				
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 g	ravel			
No wastewater system shall be covered or prinspection by the Harnett County Health Depthas been installed according to the conditions valid Operations Permit	artment has determined sof the Improvement P	d that the system		
Signature of Authorized Agent for Harnett County	51707 Date			