HARNE' COUNTY HEALTH DEPARTMEN

Nº 19085

IMPROVEMENT PERMIT 02-5-459/

Be it ordained by the Harnett County Board of Health as follow tion of any building at which a septic tank system is to be used for diffrom the Harnett County Health Department."	vs: Section III, Item B. "No Person shall begin construc- sposal of sewage without first obtaining a written permit
Name: (owner) Bristou Builder	New Installation Septic Tank
Property Location: SR# //OC	Repairs Nitrification Line
Subdivision White Water Et.	
Tax ID #	Quadrant #
Number of Bedrooms Proposed: 3 (70 x 61)	Lot Size: 10, 124 AC
Basement with Plumbing: Garage:	
Water Supply: Well Public Communit	y
Distance From Well: ft.	
Following is the minimum specifications for sewage disposal s	system on above captioned property. Subject to
Type of system: Conventional Other	
Size of tank: Septic Tank: gallons	
Drainage Field ditches of each ditch	width of depth of 18 in.
French Drain Required: Linear feet	
Date: _	5-13-02 In Was
This permit is subject to revocation if site	In Was
plans or intended use change.	Environmental Health Specialist
TO SKIIDL 8	o' Propuly Line
From Any Part of Depin Field 200 Pink Do not Deive De Park on septic system	150 Pink R bbons
210 To R) 70461	Remove My Pink Ribbons or
	Required.

H ETT COUNTY HEALTH DEPARTMEN **AUTHORIZATION TO CONSTRUCT**

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 19085. 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.	
0 - 1	
Name Telephone #	
Address	
Property Location SR# Road Name	
What Loster Est 5 3(20x61) 10.12411	
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: D Ft.	
NITRIFICATION FIELD SPECIFICATIONS	
Number of fields # of lines per field Length of lines 5 Ft. Width of ditches ft. Depth of ditches inches	
Width of ditches	
ii. 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 Date	
Signature of Authorized Agent for Harnett County Date	