HARNETT COUNTY HEALTH DEPARTMENT #03-5-5///

Nº 13936

ROVEMENT PERMI

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

tion of any building at which a septic tank system is to be used for dispos from the Harnett County Health Department."		
Name: (owner) Langlynch	New Installation	Septic Tank
Property Location: SR# 1562 Chickwas + 27	☐ Repairs	Nitrification Line
Subdivision Summenfield Ph 2	Lot #	+ 9
Tax ID #	Quadrant #	
Number of Bedrooms Proposed: Lot		
Basement with Plumbing: Garage:		
Water Supply: Well Public Community		
Distance From Well: ft.		
Following is the minimum specifications for sewage disposal systematical approval.		
Type of system: Conventional Other Twws-	95-31-FEF. 727 L	Ry
Size of tank: Septic Tank: 1000 gallons Pur	np Tank: galle	ons
Subsurface No. of exact length of each ditch 60 ft.		
French Drain Required: Linear feet		
Date:	7-23-02	
This permit is subject to revocation if site plans or intended use change.	ames CAMANA	Lans
plans of intended use change.	Environmental Healt	th Specialist
Repaire Repaire HOME 50 RELICIS WAY RELICIS WAY	BACK to	to BE MOVED 0 65' off of to 6ET Away Pump System.

HA TT 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 #		
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.		
Sany Lyrch 919-427-7674 Name Telephone #		
Name Telephone #		
Name 919-427-7674 P.O. BOX 1541 Clayton N.C. 77570 Address		
27		
Property Location SR# Road Name		
Subdivision Subdivision Subdivision Subdivision Subdivision Lot # Bedrooms Proposed Lot size		
Subdivision / Lot # Bedrooms Proposed Lot size		
TYPE OF SYSTEM		
[New Installation [] Repair [Septic Tank [] Nitrificiation Lines		
[] Tel Instantation [] Repair [] Septie Tank [] Tell Inclation Lines		
[Conventional Other FIFF- ZZZ UNY Basement [] With Plumbing [] Without Plumbing		
Water Supply: [YWell [YPublic - Minimum Well Setback:Ft. Septic Tank _/OOO Pump Chamber		
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.		
James & Martan Forms 7-23-02		

Date

Signature of Authorized Agent for Harnett County