HARN COUNTY HEALTH DEPARTME

IMPHOVEMENT PERMIT

Nº 19600

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) Roy Oo lease Septic Tank		
00 (1 =		
Property Location: SR# 106 (Swell Fren Cl Repairs Nitrification Line		
Subdivision Ron Johnson Lot # 2		
Number of Bedrooms Proposed: 3 (38 x 53) Lot Size: 5.2 Ac Plus Easement		
Basement with Plumbing: Water Supply: Well Public Distance From Well: Distance From Well: Garage: May not Require Pump meet Community On site Before Fortalling Septice Statem		
Water Supply: Well Public Community On site Before Toutally Septic		
Distance From Well: 100 ft.		
Following is the minimum specifications for sewage disposal system on above captioned property. Subject to		
Type of system: Conventional Other Pump to Conventional		
Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons		
Subsurface Drainage Field No. of ditches ft. ditches ganons exact length width of depth of ditches ft. ditches f		
French Drain Required: Linear feet		
This permit is subject to revocation if site Date: $9-23-02$ Signed: 9		
Environmental Health Specialist		
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5 Pre Treatment		
75		
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The state of the s		
T5 18 18 8 7)		
Kreep DeanLines 5' farm the Ensement		
meet onsite Before Installing		
meet on the best to the same		
If Gravely flow From Hour To Drainfield Then Cleans of must be well ever \$50'		
a Clast of Gotte		
Krep will site 100 Heart Do Note 30 Notes		
STITEM - DO not DRIVE OR PARK ONSEPTICE STITEM Supply Line must have 18 of Aninch Fall Quest		
Per foot To Be grainty Flow App 27.5 / Fall 121		
to too 13 Be divert time this dry that		

IT COUNTY HEALTH DEPARTMENT AUT___RIZATION TO CONSTRUC_

Authorization is hereby given to construct a wastewater system to the sp Harnett County Health Department, Improvement Permit # 1960	. This
authorization shall be valid for a period not to exceed five (5) years from This authorization will be invalid if ownership, site plans, or intended use of	
TROY DAILS	814-2166
Name 0	elephone #
Address	01 _ ,
Property Location SR# 60	well Farm M oad Name 500 M Phs System
Ron Tohns 2 3(38xxx)	oad Name - Oh Sylen
Subdivision Lot # Bedrooms Propose	ed Lot size
TYPE OF SYSTEM	
New Installation [] Repair Septic Tank Nitrificiation Lines	
[] Conventional Other []Basement []With Plumbing	[] Without Plumbing
Water Supply: Well Public - Minimum Well Setback: F Septic Tank Pump Chamber OOC	t.)
NITRIFICATION FIELD SPECIFICATIONS	
Number of fields# of lines per field Length of lines	(a) Ft.
Width of ditches $\frac{18}{100}$ ft. Depth of ditches $\frac{18}{100}$ inches	
, ,	
French Drain: Linear feet required Depth of gravel	
No wastewater system shall be covered or placed into use inspection by the Harnett County Health Department has det has been installed according to the conditions of the Improve valid Operations Permit has been issue	termined that the system ement Permit and that a
Signature of Authorized Agent for Harnett County Date	