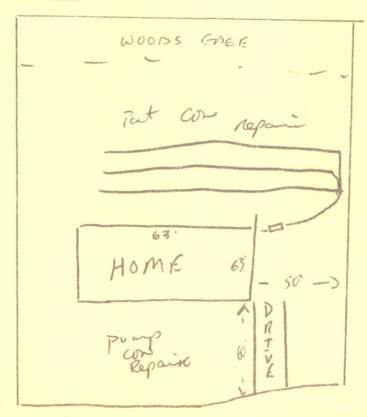
#03-5-5305

HARN [COUNTY HEALTH DEPARTM]

Nº 15507

IMPROVEMENT PERMIT

tion 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) Whittenton Builder Enkaprises W New Installation Septic Tank
Property Location: SR# #wy 471
Subdivision MynHewrood Lot # 12
Subdivision MynHewrod Lot #_/Z Tax ID #
Number of Bedrooms Proposed:
Basement with Plumbing: Garage:
Water Supply: Well Public Community
Distance From Well: ft.
Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.
Type of system: Other
Size of tank: Septic Tank: 1000 gallons Pump Tank: gallons
Subsurface No. of exact length width of depth of ditches ditches ft. ditches ft. ditches ft. ditches
French Drain Required: Linear feet
Date: 8-19-0Z
This permit is subject to revocation if site Signed: James & Market & Signed:
plans or intended use change. Environmental Health Specialist



GREEN FOREST CENCLE

HAR T COUNTY HEALTH DEPARTMENT AUTLORIZATION TO CONSTRUC.

Authorization is hereby given to Harnett County Health Department	ent, Improveme	nt Permit#	15507	This	
authorization shall be valid for a This authorization will be invalid in	f ownership, site	plans, or int	ended use change.		
Whotherton Buildens Enterprises Name 1055 Teldman Rd DOWN N.C. Address			919-894-559/ Telephone #		
1055 Teldown Rd	DUNA	N.C.	28334		
471			42		
Property Location SR#		Road Name			
My all e word	12		3	7/	
Subdivision	Lot#	# Bedr	5 cooms Proposed	Lot size	
	TYPE O	F SYSTEM			
[New Installation [] Repair [-	Septic Tank [Nitrificiation	on Lines		
[Conventional Other				hout Plumbing	
Water Supply: [] Well [Public Septic Tank 1000	e - Minimum Wei	ll Setback: p Chamber	Ft.		
NITRIFICATION FIELD SPECIFICATIONS					
Number of fields # of line	es per field <u>3</u>	Length	of lines 100	Ft.	
Width of ditches ft. Depth of ditches inches					
French Drain: Linear feet required	Dept	h of gravel			
No wastewater system sh	all be covered	or placed	into use by any	person until an	
inspection by the Harnett Co	ounty Health	Departmen	nt has determine	ed that the system	
has been installed according valid	g to the condi- Operations Pe			Permit and that a	
			NE RICERCO DE SECRETA DE CONTESTA DE LA CASA DE CONTESTA DE CONTESTA DE CONTESTA DE CONTESTA DE CONTESTA DE CO		
	1-				
Signature of Authorized Agent for Harnett County Date					
Signature of Authorized Agent for Harnet	t County		Date		