#03-5-5400

HARNEL I COUNTY HEALTH DEPARTM

IMPROVEMENT PERMIT

Nº 15517

Be it ordained by the Harnett County Board of Health as follows tion of any building at which a septic tank system is to be used for disp from the Harnett County Health Department."	: Section III, Item B. "No Poosal of sewage without first	erson shall begin construc- obtaining a written permit
Name: (owner) MelANIE STOKES	New Installation	Septic Tank
Property Location: SR# Hwy 55	Repairs	☑ Nitrification Line
Subdivision WILD WINDS	Lo	t#
Tax ID #		
Number of Bedrooms Proposed: I	ot Size: 64,	Acre
Basement with Plumbing: Garage:	1	
Water Supply: Well Public Community		
Distance From Well:ft.		
Following is the minimum specifications for sewage disposal sy final approval. Type of system: Conventional Other		
5		
Subsurface No. of exact length of each ditch / 00	ft. ditches 3 ft. d	litches 18.27 in.
French Drain Required: Linear feet		
This permit is subject to revocation if site Signed:	9-3-02 James & MA	short P.S.
plans or intended use change.	Environmental He	alth Specialist
Annual Control of the	STUB PI	UMBING
	OUT HIGH	+ ENOUGH
ON CONTREIN	TO AVO	ID Pump!
24		
DW CP24		
HOME 32' A		
c- 46'		
63		
Pur Prepair		
WILD WINDS I	NIVE	

HAI TT COUNTY HEALTH DEPARTMENT AUT... RIZATION TO CONSTRUC.

Authorization is hereby given to construct a wastewater	system to the specifications described by		
Harnett County Health Department, Improvement Pern	nit # 15517 . This		
authorization shall be valid for a period not to exceed five	ve (5) years from the date of issuance.		
This authorization will be invalid if ownership, site plans,			
Melante STOKES Name 7.0. Box 848 Confs N.C. Address	910-890-8460		
Name	Telephone #		
7.0. Box 848 Conts N.C.	Costs 0. 77521		
Address			
Hwy 55	Hary 55		
Property Location SR#			
Wildwinus 4	3		
Subdivision Lot #	# Bedrooms Proposed Lot size		
s decidation			
TVDE OF SVST	CERA		
TYPE OF SYST	<u>IEIVI</u>		
[New Installation [] Repair [Septic Tank [Nitrif	liciation Lines		
[Conventional Other [] Basement [] With Plumbing [] Without Plumbing			
Water Supply: [Well [] Public - Minimum Well Setback:Ft.			
Septic Tank 1000 Pump Cham			
NITRIFICATION FIELD SPECIFICATIONS			
Number of fields 2 # of lines per field 3 Length of lines 100 Ft.			
Width of ditches 3 ft. Depth of ditches $18-22$ inches			
it bepth of diches 70 02 menes			
French Drain: Linear feet required Depth of grav	vel		
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.			
Came & M. I found	9-3-02		
Signature of Authorized Agent for Harnett County	Date		
organical of Authorized Agent for Harnett County	Date		