HARNE COUNTY HEALTH DEPARTME

No 19592

IMPROVEMENT PERMIT

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." New Installation Septic Tank Name: (owner) Elliot Bridges M Property Location: Nitrification Line Subdivision / YEN WOX Tax ID #\_\_\_\_\_ Quadrant # -Lot Size: # 46 Number of Bedrooms Proposed: Basement with Plumbing: Garage: Public Community Water Supply: Wall mound to expend TP's Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. M Conventional Type of system: Other\_ Septic Tank: 1000 Pump Tank: \_\_\_\_\_ gallons Size of tank: gallons Subsurface exact length of each ditch width of 2 ft. ditches 18-24in. Drainage Field ditches ft. ditches\_ Linear feet French Drain Required: Date: This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist STUBOUT Plumbing Shallow 18" D. tch Depthi Follow Contours maintain All set Backi Do not DRIVE OR PARK Onsylic STITEM. 25

## HAR T COUNTY HEALTH DEPARTMENT AUTI\_\_RIZATION TO CONSTRUC.

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 19592. 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.
JL Brown Bule	l~ 892.4423
Name	Telephone #
Address Qo45	
Property Location SR#	Road Name
TUAN WOOD	5 3(36x52) .46m
Subdivision	Lot # # Bedrooms Proposed 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 Sethacks 5
Septic Tank	- Minimum Well Setback:FtPump Chamber
	IFICATION FIELD SPECIFICATIONS
1	
Number of fields# of lines	s per field Length of lines Ft.
Width of ditches ft. Dept	th of ditches inches
French Drain: Linear feet required _	Depth of gravel
	all 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.	
4	A CAPACITE CONTRACTOR OF THE PROPERTY AND
	Cy
IN MUTH	7-10-02
Signature of Authorized Agent for Harnett	County Date