#03-5-5653

HARN COUNTY HEALTH DEPARTMI

Nº 15534

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."								
	Name: (owner) WI/II Becken	Mew Installation	Septic Tank						
	Property Location: SR# 1772 Mendow MAKAD	Repairs	☑ Nitrification Line						
Subdivision Meadow Andre Lot # 23 Tax ID # Quadrant #									
							Number of Bedrooms Proposed: Lot S	Size: .51 Ac	re
	Basement with Plumbing: Garage:								
	Water Supply: Well Public Community								
	Distance From Well:ft.								
	Following is the minimum specifications for sewage disposal system	n on above captioned p	property. Subject to						
	final approval. Type of system: Conventional Other Pump	La FFE.7771	N. TIN SCEED						
	Size of tank: Septic Tank: 1000 gallons Pum	Tools (000) col	lone						
		•							
	Subsurface No. of exact length of each ditch 75 ft.	ditches 3 ft. di	tches 18 in.						
French Drain Required: Linear feet Date: Date:									
							plans or intended use change.	Environmental Hea	
							With E.H. Offset Prior to Laston		
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	~		System + Type						
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F	[]		to Change.						
EMOOL			* 5744 50'08F Well.						
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HATT COUNTY HEALTH DEPARTMEN AUT ORIZATION TO CONSTRUCT

Authorization is hereby given to co Harnett County Health Departmen authorization shall be valid for a per This authorization will be invalid if of	eriod not to exceed	five (5) years	from the date	CETE O		
WILLIAM Becker				7-5882		
P.O. BOX 55 ST Address	PAUIS	N.C.	Telephone # 28334			
7722 1715 Property Location SR#		Ganton Company	Mesdowh	ink		
MEADOWRZIDGE Subdivision	23	3	Road Name	.51		
Subdivision	Lot #	# Bedrooms P	roposed	Lot size		
TYPE OF SYSTEM [New Installation [] Repair [Septic Tank [] Nitrificiation Lines						
Conventional Other	[]Basement	[]With Plum	abing [] Witho	ut Plumbing		
Water Supply: [] Well [Public - Minimum Well Setback:Ft. Septic Tank Pump Chamber Ft. 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.						
Signature of Authorized Agent for Harnett Co	Aons	10	-10-02			
Signature of Authorized Agent for Harnett Co	ounty	Date	-10-02			