HAF TT COUNTY HEALTH DEPARTN T

Nº19788

IMPROVEMENT PERMIT 03.5-5696			
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 dispo from the Harnett County Health Department."	Section III, Item B. "No Person shall begin construc- sal of sewage without first obtaining a written permit		
Name: (owner) Day ORRES	New Installation Septic Tank		
Name: (owner) Door Deets Property Location: SR#	Repairs Nitrification Line		
Subdivision Peach Tree	Lot #_ () S		
Tax ID #	Quadrant #		
Number of Bedrooms Proposed: 3(48 x 50) Lo	t Size: • 506 A C		
Basement with Plumbing: Garage:	Please note That If Phonbing		
Water Supply: Well Public Community	Is not STUBBED out where hown Pump will Be Required		
Distance From Well: 50 ft.	hown Pump will Be Required		
Following is the minimum specifications for sewage disposal systemal approval.			
Type of system: Conventional Other			
Size of tank: Septic Tank: Qualiform Pu			
Subsurface No. of exact length of each ditch ditches ft	width of depth of ditches 18 of in.		
French Drain Required: Linear feet			
	10.32-22		
This permit is subject to revocation if site plans or intended use change. Signed:	Jos WARS		
VAIIV VITW	Environmental Health Specialist		
Repaire Area 75° G J J J J J J J J J J J J	Plumbing is Not STUBBOOD -+ Where shown Plump w.11 Be Require Lane 10		
110	40' 110		
Mandan All Sct Backs DO not DRIVE OR PARK on septice	SYSTEM		

NETT COUNTY HEALTH DEPARTM AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to co Harnett County Health Departmen authorization shall be valid for a p	it, Improvement eriod not to exce	Permit # 978X ed five (5) years from the	. This date of issuance.
This authorization will be invalid if	ownersnip, site p		
Danz Weris		892-4345	
Ivaille		Telepho	me#
Address			
1115			
Property Location SR#		Road N	ame
Reach Truc	119	3(48×50)	@ =526AC
Subdivision	Lot #	# Bedrooms Proposed	Lot size
region and a second	Y TYPE OF S	EVETEM	
New Installation [] Repair []	1		
Conventional Other			, ,
Water Supply: [] Well Public - Septic Tank NITRI	Pump C	Setback:Ft. hamber D SPECIFICATIONS	-
Number of fields # of lines per field Length of lines DO Ft.			
Width of ditches ft. Depth of ditches inches			
French Drain: Linear feet required Depth of gravel			
No wastewater system shall	l be covered o	r placed into use by an	y 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 C		10.3202	