## I PROVEMENT PERMIT 03-5-5714

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."

from the Harnett County Health Department."	
Name: (owner) Smy React New Installation Septic Tank	
Property Location: SR# Repairs Nitrification	Line
Subdivision Perch Tree Lot # 47	
Tax ID # Quadrant #	
Number of Bedrooms Proposed: 3 (45154 Lot Size: 480 AC	
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 final approval.	to
Type of system: Conventional Other un to Conventional	
Size of tank: Septic Tank: Oo gallons Pump Tank: gallons	
Subsurface Drainage Field  No. of ditches ditches ft. ditches ft. ditches ft. ditches in.	
French Drain Required: Linear feet	
Date: _/\(\int \alpha \cdot \al	
This permit is subject to revocation if site plans or intended use change.  Signed:  Environmental Health Specialist	_
Environmental Health Specialist	
118'	
Pot /	
232 3	
(30 FDD)	160
LUSTER / LUDAIN	
AACA / P	
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Onve !	11月
(9)	
1. 110	
Jan 194	
with Pleax Note that if house is moved Back to 80 from	
trant Property Line - Pump will Not Be Reguired	
18" Max Pith Pytho - Follow contain maintain All Sit Bar	hs

## NETT COUNTY HEALTH DEPARTM AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to con Harnett County Health Department authorization shall be valid for a per	, Improvement riod not to exce	Permit # 19772 ed five (5) years from the	. This date of issuance.		
This authorization will be invalid if or	wnership, site p	lans, or intended use chang	ge.		
Simmy Place		9/0 328-5	5257		
Name U		Telepho	ne#		
:					
Address	1 m 8	A Company of the Comp			
Property Location SR#	1	Road Na	me		
Veach Tree	47	3(45x54)	,482 nc		
Subdivision	Lot #	# Bedrooms Proposed	Lot size		
	TYPE OF S	SYSTEM			
New Installation [ ] Repair [ ] S	eptic Tank	Nitrification Lines			
		L 1			
Conventional Other	to Convi	NTISAPL			
[ ] Basement [ ] With Plumbing [ ] Without Plumbing					
Water Supply: [ ] Well Public - Minimum Well Setback: Ft.  Septic Tank Pump Chamber / Do NITRIFICATION FIELD SPECIFICATIONS					
<u> </u>	CHILDIVILLE	/ /			
Number of fields# of lines p	er field	Length of lines	_ Ft.		
Width of ditches ft. Depth of ditches inches					
French Drain: Linear feet required	Depth o	f gravel			
No wastewater system shall inspection by the Harnett Cour has been installed according to valid Op	nty Health Do	epartment has determi	ned that the system		
Signature of Authorized Agent for Harnett Con	unty	10.07-0 Z Date			