## HAR! T COUNTY HEALTH DEPARTM

## IMPROVEMENT PERMIT

Nº 19214 03-5-6229

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) Weaver Dev.	New Installation Septic Tank
Property Location: SR#	☐ Repairs ☐ Nitrification Line
Subdivision Sund Ridge	Lot #
Tax ID#	Quadrant #
Number of Bedrooms Proposed: 3(30x40) Lo	ot Size: 60 AC
Basement with Plumbing: Garage:	
Water Supply:  Well Public  Community	
Distance From Well: ft.	
Following is the minimum specifications for sewage disposal sys	tem on above captioned property. Subject to
final approval.  Type of system: Conventional Other	
Size of tank: Septic Tank: 1000 gallons Pu	
Subsurface No. of exact length of each ditches from the of each ditches from the of each ditches from the original exact length ori	t. ditches 3 ft. ditches 1824 in.
French Drain Required: Linear feet	
Date:	01-13-03
This permit is subject to revocation if site plans or intended use change.  Signed:	On LAW
159	Environmental Health Specialist
To College	
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an 301	Maintain All
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	Do not Onve or park on
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1401	Septil system

## HARN COUNTY HEALTH DEPARTMANT AUTHORIZATION TO CONSTRUCT

by Harnett County Health Department authorization shall be valid for a This authorization will be invalid.	tment, Improven period not to exc	nent Permit #	This om the date of issuance.
Name Ocu.			
Name			Telephone#
Address	***************************************		
Address			
Property Location SR#			Road Name
Supplied Ridge Subdivision	50	3(30 x40)	(2) Ac
Subdivision	Lot # #	Bedrooms Proposed	Lot Size
TYPE OF SYSTEM			
[New Installation [] Repair	Septic Tank	Nitrificatio	n Lines
[   Conventional [ ] Other			
[ ] Basement [ ] With Plumbing [ ] Without Plumbing			
Water Supply: [] Well Public Water Supply Minimum Well Setback: 55 Ft.			
Septic Tank /000	Pump Chamber		
NITIRFICATION FIELD SPECIFICATIONS			
Number of fields # of lines per field Length of lines 20 Ft.			
Number of fields # of lines per field Length of lines 200 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.			
( r WH	2)		01-1303
Signature of Authorized Agent for Harnet	t County of Harnett		Date