HAF TT COUNTY HEALTH DEPARTN

IMPROVEMENT PERMIT

№ 19223 03-5-6278

tion of any building at			vs: Section III, Item B. "No P sposal of sewage without first	
		s Center Home	New Installation	Septic Tank
Property Location:	SR#	0	New Installation Repairs	Nitrification Line
			Lo	
Tax ID #	21	11	Quadrant #	
Number of Bedroor	ns Proposed: 3(48	x41)	Quadrant # Lot Size: Quadrant #	
Basement with Plur	nbing:	Garage:	Plrax Note Chang	ge In houx location
Water Supply:	Well Public	☐ Communit	Home was moved would not be need	50 That Kimp SYITE
Distance From Well	l: ft.		W02/17 10 00 11 11	
final approval. Type of system:	Conventional	Other	system on above captioned	
			Pump Tank: ga	
Subsurface Drainage Field	No. of ditches of exact	ct length each ditch	width offt. ditchesft.	epth of 1824 in.
French Drain Requi	red: I	Linear feet	0/00-00	
		Date: _	01-22-03 Jawars	
This permit is subj plans or intended t	ect to revocation if site	e Signed	you was	
plans of intended (ise change.	000	/ Environmental Hea	alth Specialist
^	under grand utilities	38R 48x41	Bosc 410	LPP Pepaire Do
L DRIVE				73'
Please Note	change In how	or Focation	n. House was move	d So That Rump
Puno W.II	Be Regural, All	1 Under gro	und utilities Mu PrivE DR PARK DAS	H not CROSS
Mul7 Mic				

HARNETT COUNTY HEALTH DEPARTMENT AU ORIZATION TO CONSTRU

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 17227. 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.
Many Nokais New Century Home 892, 4345
Name Telephone #
Address
Property Location SR# Road Name
Purh 7 2 3 (49 x 41)
Subdivision Lot # # Bedrooms Proposed Lot size
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 Setback:Ft. Septic TankPump Chamber
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 County Date