HARI T COUNTY HEALTH DEPARTM

IMPROVEMENT PERMII

Nº 19239 ()3-5-6344

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)

New Installation

Septic Tank

from the Harnett County Health Department."		
Name: (owner) / (MACC)	New Installation	Septic Tank
Property Location: SR#	Repairs	Nitrification Lin
Subdivision Meach Tree	Lot	# 168
Tax ID #	Quadrant #	14.60
Number of Bedrooms Proposed: $3(28 \times 5)$ Lo	ot Size: . 47 Ac	
Basement with Plumbing: Garage:		
Water Supply:		1
Distance From Well: ft.	3 Bed	broom
Following is the minimum specifications for sewage disposal syst final approval.	em on above captioned	property. Subject to
Type of system: Conventional Other	mp to Convent	lanci
Size of tank: Septic Tank: Os gallons Pu		
Subsurface Drainage Field No. of exact length of each ditch ft	width of 3 de ditches ft. de	epth of 1824 in.
French Drain Required: Linear feet		
	2-03-03	
This permit is subject to revocation if site plans or intended use change. Signed:		
plans of intended use change.	/Environmental Hea	lth Specialist
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May 38x23		10 57
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7	STAlling MAS	not require
5700 at Plumbing		
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HARN COUNTY HEALTH DEPARTM F AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 19239. This			
authorization shall be valid for a period not to exceed five (5) years from the data of			
This didition will be invalid if ownership, site plans, or intended use change.			
Kent Prize 424 1294			
Name Telephone#			
Address			
Property Location SR# Road Name			
Peach Tree 168 3(28×50) Road Name			
Subdivision Lot # Bedrooms Proposed Lot Size			
TYPE OF SYSTEM			
New Installation Repair Septic Tank			
New Installation [] Repair Septic Tank [Nitrification Lines Conventional Other Conventional			
Conventional Coher / Lynds Conse			
[] Basement [] With Plumbing [] Without Plumbing			
Water Supply: [] Well Public Water Supply Minimum Well Setback: 50 Ft.			
Septic Tank / 000 Pump Chamber / 000			
NITIRFICATION FIELD SPECIFICATIONS			
Number of fields # of lines per field Length of lines 240 Ex			
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			
Trainer County Tearin Department has determined that the system has been installed account.			
the conditions of the Improvement Permit and that a valid Operations Permit has been issued.			
(to W. J.)			
Signature of Authorized Agent for Harnett County of Harnett Date			
Date			