03-5-6391

## HARN COUNTY HEALTH DEPARTM

Nº19744

## IMPROVEMENT PERMIT

From the Harnett County Health Department."  Name: (owner) M+R Assoc. Ates		New Installat	ion Deptic Tank
Name: (owner) M+R Assoc. ates Property Location: SR# 1441 Chalyabeatec	Springs Kd.	Repairs	☑ Nitrification Lir
	<u>.</u>		
Subdivision Cross C		<del></del>	Lot # 15
Tax ID #	<del></del>	Quadrant #	- 第二章 (1944年) 2章 大学 
Number of Bedrooms Proposed: 3	Lot	Size:	1
Basement with Plumbing: G	arage:	<u>.</u>	
	ommunity		
Distance From Well:ft.		•	
Following is the minimum specifications for sewage	disposal syste	em on above captio	ned property. Subject to
final approval.  Type of system: Conventional	ther Pama to	Conventional	
Size of tank: Septic Tank: 100 gallon	=		
Subsurface No. of exact length of each ditches	h	width of	depth of
French Drain Required: Linear for	eet	, ,	
	Date:	2/13/2003	
This permit is subject to revocation if site	Signed:	(/ ALCI	R.J.
plans or intended use change.	1001	Environmental	Health Specialist
* Maintain all setback		danikas ir protession code	
* Runditcher on Contour	(11)		
* Finally lay out of system		Lef!	
may vary from drawing			
,	. ////		
250	Ulfr \	250	
	H2288		
	40 KJ1'		
	ช'.	3'	

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Crass Link Drive

## HARNETT COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # /9744. 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.			
Name 919-776-0/29 Telephone#			
M+R Associates  Name  P.6. Box 5181 Sanford, NC 27331  Address			
Property Location SR#  Chalyabeat e Springs  Road Name			
Road Name			
Subdivision  Lot # Bedrooms Proposed  Lot Size			
TYPE OF SYSTEM			
[ New Installation [ ] Repair [ ] Septic Tank [ ] Nitrification Lines			
[] Conventional [] Other Rump to Conventional			
[] Basement [] With Plumbing [] Without Plumbing			
Water Supply: [ ] Well [ ] Public Water Supply Minimum Well Setback: Ft.			
Septic Tank /000 gd Pump Chamber /000 gd			
NITIRFICATION FIELD SPECIFICATIONS			
Number of fields # of lines per field 4 Length of lines /00 Ft.			
Width of ditches 3 ft. Depth of ditches 18-24 inches			
French Drain: Linear feet required Depth of gravel			
No wastewater system shall be covered or placed in			
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.			
Duy Monday R.S.			
Signature of Authorized Agent for Harnett County of Harnett  Date			