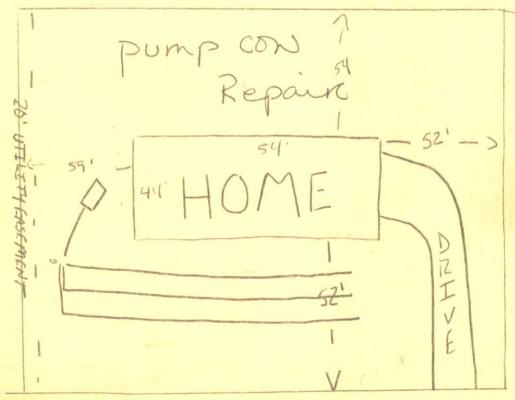
HARNTT COUNTY HEALTH DEPARTM

#03-5-6417 No19898

IM-ROVEMENT PERMIT

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 Co	ounty Health Departm	ient."		/
Name: (owner)	Teffney L. Pc	opt-	New Installa	tion Septic Tank
Property Location	: SR# HWY 42		Repairs	Nitrification Lin
		-		
Subdivision 7	lyrt/Ewood	5/D		Lot #_ 20
Tax ID #			Quadrant #	
Number of Bedroo	oms Proposed:	3	_ Lot Size:	Acre
Basement with Plu	ımbing:	Garage:		
Water Supply:	Well Pub	olic	ity	
Distance From We	ell:50`	ft.		
Following is the mi final approval.	nimum specification	ns for sewage disposa	l system on above caption	oned property. Subject to
Type of system:	Conventional	Other		
Size of tank:	Septic Tank: 10	00 gallons	Pump Tank:	_ gallons
			width of ftftft	
	uired:			
			2-14-03	
	bject to revocation	if site Signe	d: James EM	TANKAN FOR 155
plans or intended	use change.		Environmental	Health Specialist
			1	
	Ţ-	oump co	N	
	1		54	



GREEN FOREST CINCLE

HAI TT COUNTY HEALTH DEPARTMENT AUT RIZATION TO CONSTRUC

Authorization is hereby given to Harnett County Health Department	construct a wastew	ater system to the specific	cations described by			
authorization shall be valid for a	neriod not to excee	d 6 (5)	This			
in the second in the second in the second in	g ownersnip, site pil	ans, or intended use chang	date of issuance.			
- Jeffney L. Pa.	26					
Name		910-639-0220 Telephone #				
Name L. Po, Name 2568 DID BUTES O Address	Cheek RIS					
5 (A. 10)						
4Z/ Property Location SR#		42/				
		Road Name				
Myn HEW ooel Subdivision	20	3	1 Acre			
Suotivipion	Lot #	# Bedrooms Proposed	Lot size			
	WYDE OF C					
	TYPE OF SY	YSTEM				
[New Installation [] Repair []	(
The American Transfer To	Septic Tank YN	itrificiation Lines				
Conventional Other	I In					
Conventional Other	[]Basemen	t []With Plumbing [] W	ithout Plumbing			
Water Supply: [] Well [Public	- Minimum Well See	thanks and m				
Water Supply: [] Well [Public - Minimum Well Setback: Ft. Septic Tank Pump Chamber						
NITRIFICATION FIELD SPECIFICATIONS						
**						
Number of fields # of lines per field Length of lines / 15 Ft.						
		_ Length of fines _ 173	Ft.			
Width of ditches 3 ft. Depth of ditches 22 inches						
		menes				
French Drain: Linear feet required Depth of gravel						
Service of the servic		514761				
No wastewater system shall inspection by the Harnett Cov	ll be covered or r	placed into use by any	Doron wil			
by the Halliett Co	ulliv Health Den	artment has deter	1 1 1 1			
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 U	perations Permi	t has been issued.				
	530	(10)				
~ 5 m 1	(0)					
Signature of Authorized Agent for Harnett C	ent wos	2-14-03				
of Audiorized Agent for Harnett (ounty	Date				