HART T COUNTY HEALTH DEPARTM [Nº 19261 | 103-5-657|

Be it ordained by the Harnett County Board of Health as follows: tion of any building at which a septic tank system is to be used for disported the Harnett County Health Department."	Section III, Item B. "No Persal of sewage without first	erson shall begin construc- obtaining a written permit
Name: (owner) DAMP MORRIS	New Installation	Septic Tank
Name: (owner) VACOS Property Location: SR#	Repairs	Nitrification Line
Subdivision Peach Tree	Lot	# 149
Tax ID #	Ouadrant #	
Number of Bedrooms Proposed: 3 (58x 42) Lo	ot Size: 0.485 A	C
Basement with Plumbing: Garage:	Please note 7	hat = 1 Plumbing
Water Supply: Well Public Community	Is 57400ed 0-	t shallow where
Distance From Well: ft. Shown - W must a	e may not pego	ine brush -
final approval	tem on above captioned	property. Subject to
Type of system: Conventional Other		
Size of tank: Septic Tank: Quality gallons Pu		
Subsurface No. of exact length of each ditch 300 ft	width of ditches 3 ft. di	epth of 18 24 in.
French Drain Required: Linear feet		
This permit is subject to revocation if site plans or intended use change. Signed:	1 . 40	lth Specialist
Honey 30n 58x42		92
9 45' Daive-	90'	110 110
Regulared Maintain All-Set Briki N Do not Drive or park on systems	1457 met on	unp may not be

HARN... I 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 # / / 26 . This authorization shall be valid for a period not to exceed five (5) years from the date of issuance.		
or in the same of	ntended use change.	
Name ORALL	892-4345	
	Telephone#	
Address		
Property Location SR#		
Subdivision Jeach Tree 149 Subdivision Lot # # Bedrooms P	Road Name	
Subdivision Lot # # Bedrooms P	Proposed Lot Size	
TYPE OF SYSTEM		
[] New Installation [] Repair [] Septic Tank [] [] Conventional [] Other [] Conventional	7	
[] Septic Tank	Nitrification Lines	
[] Conventional Other / Convent		
[] Basement [] With Plumbing [] Without Plumbing		
Water Supply: [] Well Public Water Supply Minimum Well Setback: 5 Ft. Septic Tank / 000 gd Pump Chamber / 000 gd		
NITIRFICATION FIELD SPECIFICATIONS		
Number of fields # of lines per field Length of lines Ft.		
Width of ditches ft. Depth of ditches ft.		
French Drain: Linear feet required Depth of gravel		
Depth of graver_		
No wastewater system shall be		
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 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.		
O, Willi	and the state of t	
Signature of Authorized Agent for Harnett County of Harnett	03-07-03	
A specie for Harnett County of Harnett	Date	