[COUNTY HEALTH DEPARTM]

IMPROVEMENT PERMI'I

Nº 19229

IMPROVEMENT PERMIT 03-5-6752

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 Deportment."

Tom the Harnett County Health Department."			
Name: (owner) Kent Pizze	New Installation	New Installation Septic Tank	
Property Location: SR#	Repairs	Nitrification Line	
Subdivision_ PEACH Tree	Lot #_129		
Tax ID #	Quadrant #		
Number of Bedrooms Proposed: 3 (54x33)	Lot Size: 462 A	C	
Basement with Plumbing: Garage:			
Water Supply: Well Public Communi	ity		
Distance From Well: ft.			
Following is the minimum specifications for sewage disposal final approval. Type of system: Conventional	l system on above captioned		
Size of tank: Septic Tank: gallons			
Subsurface No. of exact length of each ditches 4 of each ditch 75	. ,	185-	
promptor institute and change.	d: J-3-03 Environmental He	y ealth Specialist	
200	*	12	
25 3BR 54×33 DR.VER 23 10 10		100	
MAZ not Require Pump - STUB Meet Onsite Before stubbling Out Pump is Needed Maintain All set	Plumbing To dete.	rmine 1	

HARN 'COUNTY HEALTH DEPARTM [AUTHORIZATION TO CONSTRUCT

by Harnett County Health Department, Improvement Permit # 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.			
Kent Pierce	424-1294		
Name	Telephone#		
Address			
Property Location SR#	B. IV		
Peach Tree 10	Road Name (7) 3(54x32) Road Name		
Subdivision Lo	ot # # Bedrooms Proposed Lot Size		
TYPE OF SYSTEM			
New Installation [] Repair	Septic Tank Nitrification Lines		
[] Conventional	Lucan de Cara		
New Installation [] Repair Septic Tank [Nitrification Lines [] Conventional Other			
[] Basement [] With Plumbing [] Without Plumbing			
Water Supply: [] Well Public Water Supply Minimum Well Setback: Ft.			
Water Supply: [] Well Public Water Supply Minimum Well Setback:Ft. Septic Tank			
NITIRFICATION FIELD SPECIFICATIONS			
Number of fields # of lines per field Length of lines Ft.			
Width of ditchesft. Depth of ditchesinches			
French Drain: Linear feet required Depth of gravel			
	Depth of glaver		
and the second s			
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.			
Plandy 19	4.7-07		
Signature of Authorized Agent for Harnett Cou	nty of Harnett Date		