HARN T COUNTY HEALTH DEPARTM

Nº 20008

IMPROVEMENT PERMIT

03-5-6812

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 | M Septic Tank

Trom the Harnett County Health Department."	Att No.	740
Name: (owner) Weaver Dev. Co.	· /	,
Property Location: SR#	Repairs	Nitrification Line
76 6 1		0.1
	Lot #	
Tax ID #	Quadrant #	1//
Number of Bedrooms Proposed: 7 (34 x 73)	ot Size: //3 AC	. YlAc)
Basement with Plumbing: Garage:	ĺ	
Water Supply: Well Public Community		
Distance From Well: 55 ft.		
Following is the minimum specifications for sewage disposal sy- final approval.		roperty. Subject to
Type of system: Conventional Other		
Size of tank: Septic Tank: Dog gallons P	ump Tank: gall	ons
Subsurface No. of exact length of each ditch 320	width of dep ft. ditches 3 ft. ditches	oth of ches 1824 in.
French Drain Required: Linear feet		
Date:	Ja WARI	
This permit is subject to revocation if site		
plans or intended use change.	/ Environmental Healt	th Specialist
66		Î I
Joseph Company of the	16'	CANYON
touch 10	DRIVE	e7.
480	VICTOR	→
2002	50'	96
21 10 34873		
	Ell Ryan	
721		<i>\</i>
72:	2	
Juil .	35	
Pok Call		
L TOSAINS SRIIYI	124	

Maintain all set Backs Op not Drive Depark on septic system STUB and Plumbing shallow where Shown

HARNELL' COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONSTRUCT

by Harnett County Health Depa	artment, Im	provement Permit #	DOON This	
authorization shall be valid for a This authorization will be invalid				
Weaver Dev.			630-2100	
Name	Andrew 10 (19 (19 (19 (19 (19 (19 (19 (19 (19 (19	en der selven ergen eine eine eine eine eine eine eine e	Telephone#	
Address Property Location SR#				
Property Location SR#	0.1	/	Road Name	
The Summet	21	4 (34x73)	1/3 Ac	
Subdivision	Lot #	# Bedrooms Proposed	Lot Size	
		OF SYSTEM		
New Installation [] Repair Conventional [] Other _	N Sept	ic Tank Nitrificati	on Lines	
Conventional [] Other_	And the second of the second continues.			
[] Basement [] With Plumbing [] Without Plumbing				
Water Supply: [] Well Public Water Supply Minimum Well Setback: Ft.				
Septic Tank / DD gd Pump Chamber gol				
NITIRFICATION FIELD SPECIFICATIONS				
Number of fields # of lines per field Length of lines 720 Ft.				
Width of ditches ft. Depth of ditches inches				
French Drain: Linear feet required Depth of gravel				
	1.00			
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.				
On Water)/		4-22-23	
Signature of Authorized Agent for Harn	ett County of I		Date	