HART T COUNTY HEALTH DEPARTM No 20033 Cont IM-ROVEMENT PERMI 103-5-4905 Cont

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) Kent Piece	New Installation	Septic Tank
Property Location: SR#		
Subdivision Perch Tree Tax ID #	Lot Quadrant # Size: , 92 Ar NO /E Changer Location em on above captioned mp Tank: gal	#
This permit is subject to revocation if site Signed:	as hory	
plans or intended use change. The property of the party	Environmental Hea	¥. ≯
Must meet onsit water Line Must Be lo under geound power Line Along Prograty Line Then Then	Must 80 90 1	System Peson Meter Base

HARNETT COUNTY HEALTH DEPARTMF

Nº 20033

IM. NOVEMENT PERMI

O3. 5. 6905

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 sentic tank system is to be used for disposal of sources without first obtaining a written result." tion 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) Kent Prace	New Installation	Septic Tank
Property Location: SR#	Repairs	Nitrification Line
Subdivision	Lo	1# 10
Tax ID #	Quadrant #	
Tax ID #	Lot Size: 9200	
Basement with Plumbing: Garage:	Note Chan ty Location.	ge In house
Water Supply: Well Public Communit	ty Location.	O
Distance From Well: 55 ft.		
Following is the minimum specifications for sewage disposal final approval.		property. Subject to
Type of system: Conventional		
Size of tank: Septic Tank: 1000 gallons	Pump Tank: ga	llons
Subsurface No. of exact length of each ditch and	width of 3 ft. ditches 3 ft.	epth of 18 (LAX) itches in.
French Drain Required: Linear feet		
	1: Joe West Sa Environmental Hea	alth Specialist
This permit is subject to revocation if site plans or intended use change. See Next Page Signed Signed Signed	For Box Tren	JUAN TO HOWE
	- 2m 93 Hom 760	1
electrics	The state of the s	107E
Lader 8 Rome	1	3 3
5 9' elect. Box Under 8nd 1840	125	Line
1 Next 1/3	25	
75' L Red 75'	25/1/2	18 430.
7605	() toot	1 ast
x Yellow	BR Pretant	18"mat 16"
10 Min Red	BR Ment 1 175 LPP Grank	's'mat E
P) 70110W 5	1435 LPP PAPAIR	18 may 18
Blue	107E June Leater	1 2
/ /	lour location	, , ,
/ Paive	hans	• [
/ \$ \	92	
一	lor	
	165	

HARNETT COUNTY HEALTH DEPARTI IT AU. DRIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 0033 . This		
authorization shall be valid for a period not to exceed five (5) years from the data of in-		
This authorization will be invalid if ownership, site plans, or intended use change.		
U + U		
Name Telephone#		
Address		
Property Location SR# Road Name		
Peach True 104 3(25 x54) 92 Ac		
Subdivision Lot # Bedrooms Proposed Lot Size		
TYPE OF SYSTEM		
[New Installation [] Repair Septic Tank [Nitrification Lines		
Conventional [] Other		
[] Basement [] With Plumbing [] Without Plumbing		
Water Supply: [] Well Public Water Supply Minimum Well Setback:Ft.		
Septic Tank / OO god Pump Chamber god		
NITIRFICATION FIELD SPECIFICATIONS		
Number of fields # of lines per field Length of lines Ft.		
Width of ditches ft. Depth of ditches inches		
French Drain: Linear feet required Depth of gravel		
No wastewater system shall be covered or placed into use by any person until an inspection by the		
Trainer 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.		
C-1-17		
Signature of Authorized Agent for Harnett County of Harnett Date		