HARNE COUNTY HEALTH DEPARTMEN

IMPnOVEMENT PERMIT

№ 20032 03-5-6937

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) Ment Pierce	New Installation	Septic Tank
Property Location: SR#	Repairs	Nitrification Line
Subdivision Prach Tree	Lo	t#_ 80
Tax ID #	_ Lot Size: 6471 Ac	
Basement with Plumbing: Garage:		
Water Supply:	inity	
Distance From Well:ft.		
Following is the minimum specifications for sewage dispositinal approval.		
Type of system: Conventional Other		
Size of tank: Septic Tank: 1005 gallons	Pump Tank: 1000 ga	llons
Subsurface No. of ditches 4 exact length of each ditch 6	width of 3 d ft. ditches 3 ft. d	epth of 18 in.
T ID 'D 'I		
This permit is subject to revocation if site plans or intended use change. Date Sign	e: 5-5-33 ned: Grunnental Hea	alth Specialist & 6
SAN JORNA 36×50 Pak Joseph 15	L Drown L Otru	30' EAXMST 102
28	X 1 1 1	
Must meet onsite 18" Ditch Opthin Maintain All Set Bach Do not Drive or park on sythe s	•	From house

HARNE COUNTY HEALTH DEPARTMI AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 20032 . 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 Preace 424-1294		
Telephone#		
Address / / / /		
roperty Location SR# Road Name		
Peach Tre 80 3(36,54) ,47/A		
ubdivision Lot # # Bedrooms Proposed Lot Size		
TYPE OF SYSTEM		
New Installation [] Repair Septic Tank Nitrification Lines Conventional Other Lines Conventions		
] Conventional [Other / Ly to Conventions!		
[] Basement [] With Plumbing [] Without Plumbing		
Water Supply: [] Well Public Water Supply Minimum Well Setback:Ft.		
Septic Tank / 220 gal Pump Chamber / 200 gol		
NITIRFICATION FIELD SPECIFICATIONS		
Number of fields # of lines per field Length of lines Ft.		
Width of ditches ft. Depth of ditches ft 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 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.		
9, 4xes 5-5-22		
Signature of Authorized Agent for Harnett County of Harnett Date		