03-5-7151

HAI TT COUNTY HEALTH DEPARTNTT

Nº 20094

IIVIPROVEMENT PERMIT

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."

from the Harnett County Health Department."	to disposar of sewage without first obtaining a written permit
Name: (owner) STRICKLAND, SAMUEL	
Property Location: SR# VILLAGE CLEW \	Nitrification Line
Subdivision VILLAGE @ HUNTINGTON	Lot #9
Tax ID #	Quadrant #
Number of Bedrooms Proposed: 3	Lot Size: . 97 AC
	rage: 🛛
Water Supply: Well Public Con	nmunity
Distance From Well: ft.	
Following is the minimum specifications for sewage difinal approval. Type of system: Conventional	er Pump To Conventional
•	Pump Tank: 1000 gallons
	width of depth of ft. ditches 18-24 in.
French Drain Required: Linear fee	
This permit is subject to revocation if site	Signed: Environmental Health Specialist 133 ORAWW6
* CONTRACTOR MUST MEET ON SITE PRIOR TO INSTALLATION FOR FINAL LAYOUT	WOODED AREA H6'x77' 3 BORM -10'-

HARI T COUNTY HEALTH DEPARTN T AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to object the by Harnett County Health Department authorization shall be valid for a This authorization will be invalid in	tment, Improve period not to ex	ment Permit # 200	This the data of issue	
SAMUEL STEICKLAND Name				
245 FESTUS RO COATS			orepronen-	
Property Location SR#	GE GLEN W)Ay	load Name	
VILLAGE @ AUDRINGTON	9	7	CIT.	
Subdivision	Lot #	# Bedrooms Proposed	Lot Size	
Subdivision Noad Name Subdivision Subdivi				
New Installation [] Repair	Septic Tank	Nitrification	Lines	
Ki Conventional [] Other				
[] Basement [] With Plumbing [] Without Plumbing				
Water Supply: [] Well				
Septic Tank 1000 gd Pump Chamber gd				
NITIRFICATION FIELD SPECIFICATIONS				
Number of fields / # of lines per field Length of lines Ft.				
Width of ditches 3 ft. Depth of ditches 18-24 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.				
	R		7/2/03	
Signature of Authorized Agent for Harnett County of Harnett Date				