## HARNI COUNTY HEALTH DEPARTME

Nº 19353

## IMPROVEMENT PERMIT

Be it ordained by the Harnett County Board of Health as follows: tion of any building at which a septic tank system is to be used for disp from the Harnett County Health Department."	: Section III, Item B. "No Pe osal of sewage without first of	rson shall begin construction obtaining a written perm
Name: (owner) Myers Anderson Asso.	New Installation	Septic Tank
Property Location: SR# 2005 Br. km. 11 Rd.	Repairs	Nitrification Line
Subdivision Cottlestone	Lot	# 9
Tax ID #	Ouadrant #	
Number of Bedrooms Proposed:	ot Size: .SFAc	
Basement with Plumbing: Garage:	/	
Water Supply:  Well Public  Community		
Distance From Well:ft.		
Following is the minimum specifications for sewage disposal systimal approval.	stem on above captioned	property. Subject to
Type of system: Conventional Other		
Size of tank: Septic Tank: 1000 gallons P	ump Tank: gal	llons
Subsurface No. of exact length of each ditch of each ditch	width of definition of the distribution of the	epth of itches 18-24 in.
French Drain Required: Linear feet	1 1	
This permit is subject to revocation if site plans or intended use change.  Signed:	Environmental Hea	A. Salth Specialist
Host solder	2 lli	
RA.		

## HARN COUNTY HEALTH DEPARTM Γ AUTHORIZATION TO CONSTRUCT

Harnett County Health Department, Improvement Permit #			
Myens Anderson Ass. 897-7775			
Myers Anderson Ass.  897-7775  Telephone#  1.6, Bex 181 Erwin N. (. 28379  ddress			
2005 roperty Location SR#  Road Name			
A CORNEL TOLLING			
Cottles tue 9 3 , JF 4c ubdivision 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 /000 gd Pump Chamber god			
NITIRFICATION FIELD SPECIFICATIONS			
Number of fields / # of lines per field / Length of lines 60 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 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.			
ignature of Authorized Agent for Harnett County of Harnett  Date			