HARNETT COUNTY HEALTH DEPARTMENT

IM. ROVEMENT PERMI 03-5-7262

	tt County Health Departm		New Installation	Sentic Tank
Property Loca	tion: SP# ///		New Installation Repairs	M Nitrification Line
Troperty Loca	non. SK#		Repairs	Nitrification Line
Subdivision	PrAch True		Lot	# 162
Tax ID #		23	Quadrant #	
Number of Be	drooms Proposed: 3	(48× 60)	Lot Size: 550 A	C
Basement with	Plumbing:	Garage: \	Ø	
Water Supply:	☐ Well ☑ Pub			
Distance From	Well: 50	ft.		
Following is the	e minimum specification	ns for sewage disposal	system on above captioned	property. Subject to
final approval.		^ √0	Quat Count	and l
Size of tank:	Conventional	Other	Pump Tank: 1000 ga	0/0/
Subsurface Drainage Field	No. of ditches	of each ditch 300	width of 3 d. _ft. ditches3 ft. d	epth of 18 d4 in
	Required:	T :		
	1	Date:	6-23-03	
	subject to revocation	if site Signed	. gos Wares	
plans or inten	ded use change.	211	6-27-03 Environmental Hea	lth Specialist
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Please	note That I	f Plumbing is	574 bbed out 5	hallsus - where
Chara	Dum mas n	at Be Regione	1. Maintain A	11 let DACKI
Keep	Drain Lines 20'	from Property	Lines with EA.	sements Along Al
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HARNI COUNTY HEALTH DEPARTM [AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit #					
001/1/					
Name 919-231 - 4925 Telephone#					
Address Property Location SR# Conventional Co					
[] Basement [] With Plumbing [] Without Plumbing					
Water Supply: [] Well [Public Water Supply Minimum Well Setback: Ft.					
Septic Tank / 990 gd Pump Chamber / 990					
NITIRFICATION FIELD SPECIFICATIONS					
Number of fields # of lines per field Length of lines 500 Ft. Width of ditches 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.					
Signature of Authorized Agent for Harnett County of Harnett Date					