HAR! T COUNTY HEALTH DEPARTM

HTE 03-5-7666R

IMPROVEMENT PERMIT

20717

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) HAMILTON, JERRY Property Location: SR# 1291 LEG'S PLACE DR	New Installation
Subdivision LEE'S PLACE	Lot # 9
Tax ID #	Quadrant #
Number of Bedrooms Proposed: 3 Lot Siz	e: .445AC
Basement with Plumbing: Garage: 🗷	
Water Supply:	
Distance From Well: ft.	
Following is the minimum specifications for sewage disposal syst to final approval.	tem on above captioned property. Subject
Type of system:	DUCTION SYSTEM
Size of tank: Septic Tank: 1000 gallons Pump T	Γank:gallons
4	width of depth of ditches 3 ft. ditches 18 in.
French Drain Required:Linear feet Date:	3/10/04
This permit is subject to revocation if site plans or intended use change.	Environmental Health Specialist
*MAINTAIN ALL SETBACKS	This replaces previous
+ CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION	1 20102
5 R 1291	
PRETAIR.	30 × 50 27
244	19.

HARN COUNTY HEALTH DEPAR' ENT AU1... ORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 2000/17. 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. Telephone# Address PINEST C. LILLINGTON NC 27546 Let's Parce Combdivision Lot # Bedrooms Proposed TYPE OF SYSTEM New Installation [] Repair [Septic Tank [Nitrification Lines [] Conventional MOther 25% REDUCTION SYSTEM [] Basement [] With Plumbing [] Without Plumbing Water Supply: [] Well Public Water Supply Minimum Well Setback: 50 Ft. Septic Tank 1000 gd Pump Chamber gol NITIRFICATION FIELD SPECIFICATIONS Number of fields _____ # of lines per field ____ 3 ___ Length of lines ____ 100 Width of ditches 3 ft. Depth of ditches 18 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