Γ COUNTY HEALTH DEPARTM HAR

20264

HTE 03-5-7743

IMPROVEMENT PERMIT

Be it ordained by the Harnett County Board of Health as follows: S tion of any building at which a septic tank system is to be used for disposal of from the Harnett County Health Department."	of sewage without first obtaining a written permi	it
Name: (owner) Jimmy Kerce	New Installation Septic Tank	
Name: (owner)	Repairs Nitrification Li	ine
228 Ribbon Oph CT		
Subdivision Peach Tree	Lot # 60	
Tax ID#	Quadrant #	
Tax ID # Number of Bedrooms Proposed: 3 (50 x 64) Lot Size	ce: 471 Ac	
Basement with Plumbing: Garage:		
Water Supply:		
Distance From Well: 50 ft.		
Following is the minimum specifications for sewage disposal systo final approval.	tem on above captioned property. Subje	ect
. /		
Type of system: Conventional Other		
Size of tank: Septic Tank: 109 gallons Pump	Tank:gallons	
Subsurface No. of exact length of each ditch of each ditch.	width of ditches 3 ft. depth of ditches 824 in.	
French Drain Required:Linear feet Date:	9-3-03	
This permit is subject to revocation if site Signed	: John WRI	191
plans or intended use change.	Environmental Health Specialist	
205	Environmental freath specialist	
26'		
LOC 23R	For	
MAIN SOXLY	I went	
103 141		100
50	25	
DOREL DRIVE	7 25	
au' F	> \	
205'		-
CTUD OF OL		
STUB O-t Plumbing shallow		
Maintain All Set Backs		
	1	
Do not Drive or pack on septic system		
Keep SYSTEM 25' from Rear property Line		
ICLED STREET AS HOUSE KENCE DIET	0	

HARNETT COUNTY HEALTH DEPART THE AUT ORIZATION TO CONSTRUCT

by Harnett County Health Department, Improvement Permit # 2026\(\). This authorization shall be valid for a period not to exceed fire (5).		
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.		
Name Pierce 892-4345		
Telephone#		
Address		
1115		
Property Location SR# Road Name		
Viach Tree (0) 3(50x64) 42/2		
Subdivision Lot # # Bedrooms Proposed Lot Size		
TYPE OF SYSTEM		
[Warm Installation Laboratory Laborator		
C C C C C C C C C C C C C C C C C C C		
[] Conventional [] Other		
[] Basement [] With Plumbing [] Without Plumbing		
Water Supply: [] Well Public Water Supply Minimum Well Setback:		
Water Supply: [] Well Public Water Supply Minimum Well Setback: 5 Ft. Septic Tank 9d Pump Chamber 9d		
NITIRFICATION FIELD SPECIFICATIONS		
Number of fields / # of lines per field / I would give a seried		
Width of ditches ft. Depth of ditches inches Ft.		
French Drain: Linear feet required Depth of gravel		
Depth of graver		
No west average and the second		
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 great place in the state of 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.		
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Signature of Authorized Agent for Harnett County of Harnett		
Date		