HARN I COUNTY HEALTH DEPARTM

HTE 03-5-7988 R IMPROVEMENT PERMIT

21062

Be it ordained by the Harnett County Board of Health as follows: So 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 permit
Name: (owner) BASS Built homes	New Installation Septic Tank
Property Location: SR#	Repairs Nitrification Line
Subdivision_575ne CROSI	Lot # 69
Tax ID #	_ Quadrant #
	ze: SAC
Basement with Plumbing: Garage:	
Water Supply: Public Community	
Distance From Well: 50 ft.	
Following is the minimum specifications for sewage disposal sys to final approval.	stem on above captioned property. Subject
Type of system: Conventional Other	
Size of tank: Septic Tank: from gallons Pump?	Tank:gallons
Subsurface No. of exact length of each ditch 325 ft.	width of depth of ditches 3 ft. depth of ditches 8-24 in.
French Drain Required:Linear feet	-1.16
	01-15-04
This permit is subject to revocation if site Signed	1: On LAN
plans or intended use change.	Environmental Health Specialist
36 10 35 > 52+56 4BR PEW Port 100 100 100 100 100 100 100 100 100 10	82' > 124
570B Out Plumbing shallow W	here shown
Maintain All Set Back, Do not Sentiz	t Deve on pack on

HARN COUNTY HEALTH DEPART INT AUTHORIZATION TO CONSTRUCT

Authorization is hereby given by Harnett County Health Deauthorization shall be valid for This authorization will be invalid.	ra norial - i		aluce This
Name Day Home			Annual Control of the
			Telephone#
Address			
Property Location SR#			
STOM (cos)	69	4/ 62101	Road Name
Subdivision	Lot #	# Bedrooms Proposed	JAC 1
The second secon	TYPE OF S		Lot Size
[] New Installation [] Repair		.)	ion Lines
Conventional [] Other	Q	\cup	
[] Basement [] With Plumbi	g [] Without Pl	umbing	
Water Supply: [] Well	Public Water Sun	oly Minimum Well	5
Septic Tank 1000	3d Pump Chambe		Setback:Ft.
NITI		D SPECIFICATIO	
	Depth of ditches	Length of	flines 500 Ft.
French Drain: Linear feet requi	edDe	pth of gravel	
			.
No wastewater system shall b Harnett County Health Depar	covered or placed	into use by any person	n until on
Harnett County Health Depar the conditions of the Impro	ment has determine	d that the system has	been installed according to
the conditions of the Impro	rement Permit and t	hat a valid Operation	is Permit has been issued.
_ (to West	TRS		DI ICOV
Signature of Authorized Agent for H	arnett County of Harnet	t	0 -)01
			Date
/			