HAR T COUNTY HEALTH DEPARTN T

20298

IMPROVEMENT PERMIT

tion of any building at which a septic tank system is to be used for disposal of se from the Harnett County Health Department."	on III, Item B. "No Pe wage without first obta	rson shall begin constru aining a written permit
Name: (owner) BASI B. It Homes	New Installation	Sentic Tank
Property Location: SR# 1120 Next door 75 508		
Subdivision STONE CROSS	Lot #	69
Tax ID #Qu Number of Bedrooms Proposed: 3(52 x 68) Lot Size:	uadrant #	
Number of Bedrooms Proposed: 3(52 x 68) Lot Size:	, SAC	
Basement with Plumbing: Garage:		
Water Supply: Public Community		
Distance From Well: 53 ft.		
Following is the minimum specifications for sewage disposal system to final approval.	n on above caption	ed property. Subject
Type of system: Conventional Other		
Size of tank: Septic Tank: 100 gallons Pump Tan		
Subsurface No. of exact length wi Drainage Field ditches of each ditch 245 ft. dit	dth of tches_3ft.	depth of ditches 18-24 in.
French Drain Required:Linear feet Date:	7-14-03	
This permit is subject to revocation if site Signed:	Ja WMI	
plans or intended use change.	Environmental He	ealth Specialist
du B>1 36' 19		
104 3BR (52) 5' 5' 5' 5' 5'		
LPP (68)		12-4
6 Repair	857	
20		
Dane Jac.		
Cone-monumb		-
574B out Plumbing shallow where	Shown MA	aintain
All set Backs Do not DRIVE ORDARK ON	septic Syst	en

HARNETT COUNTY HEALTH DEPARTMENT AU' DRIZATION TO CONSTR T

by Harnett County Health Department, Improvement Permit # 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	Telephone#	
Address		
1120		
Property Location SR#	Road Name	
STONE (ros) 69 3(52x6d)	· SAC	
Subdivision Lot # # Bedrooms Proposed	Lot Size	
TYPE OF SYSTEM		
New Installation [] Repair Septic Tank Nitrification	tion Lines	
Conventional [] Other		
[] Basement [] With Plumbing [] Without Plumbing		
Water Supply: [] Well Public Water Supply Minimum Well	Setback: 50 Ft.	
Septic Tank OS god Pump Chamber_	gal	
NITIRFICATION FIELD SPECIFICATIONS		
Number of fields # of lines per field Length of lines Ft.		
Width of ditches ft. Depth of ditches inches		
French Drain: Linear feet required Depth of gravel		
	3	
No wastewater system shall be covered or placed into use by any pers	on until an inspection by the	
Harnett County Health Department has determined that the system ha	s been installed according to	
the conditions of the Improvement Permit and that a valid Operatio	ns Permit has been issued.	
() When	10-14-07	
Signature of Authorized Agent for Harnett County of Harnett	Date	