HAR

T COUNTY HEALTH DEPARTM

20299

HTE 03-5-8012

IMPROVEMENT PERMIT

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) Septic Tank

Property Location: SR#

Nitrification Line

Name: (owner) Simmy Pience Property Location: SR#	New Installation Repairs	Septic Tank Nitrification Line
	Lot #	
Tax ID #	Quadrant #	- 10
	Size: 47/	
Basement with Plumbing: Garage:		
Water Supply:		
Following is the minimum specifications for sewage disposal sto final approval.	system on above caption	ned property. Subject
Type of system: Conventional Other		
Size of tank: Septic Tank: 1000 gallons Pum	p Tank:gallons	
Subsurface No. of exact length of each ditch 305 ft.	width of ditchesft.	depth of 18 in.
French Drain Required:Linear feet Date	:10-15-03	
This permit is subject to revocation if site plans or intended use change.	ed: Or All Environmental Ho	ealth Specialist
24') b'
11 38c 81		Ler
May Caraking S		Pypn 10
DP, DRIVE	\ \ \ \	
129 25) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	>
205		
STUB Out Plumbing Shallow	רט ויטוויטיו יי	Meet onsite Br Final
Maintain All set Backs		LAYDA
Follow Conto-R)	7	U
Ponot DrivE on park onsep	7,6 System	

HARNETT COUNTY HEALTH DEPARTMENT AU ORIZATION TO CONSTI 'T

by Harnett County Health Department, Improvement Permit # 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.		
Jimmy Picace		
Name Telephone#		
Address		
1115		
Property Location SR# Road Name		
14/2 55 3(50xW) 471		
Subdivision Lot # #Bedrooms Proposed Lot Size		
TYPE OF SYSTEM		
[New Installation [] Repair [Septic Tank [Nitrification Lines		
[] Other		
[] Basement [] With Plumbing [] Without Plumbing		
Water Supply: [] Well Public Water Supply Minimum Well Setback:Ft.		
Septic Tank Os gd Pump Chamber gol		
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		
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.		
() Lall 10-15-07		
Signature of Authorized Agent for Harnett County of Harnett Date		