HARNE COUNTY HEALTH DEPARTMEN

20359

нте 03-5-8036

IMPROVEMENT PERMIT

From the Harnett County Health Department."	Naw Installation	Cantin Taul
Name: (owner) DAOOY OCRIS Property Location: SR# 1715	Repairs	Nitrification Line
Subdivision CRESTVITW	Lot #	¥ 95
Tax ID #	_ Quadrant #	
Tax ID #	ze: 3444Ac	
Basement with Plumbing: Garage:		
Water Supply: Public Community		
Distance From Well: 55 ft.		
Following is the minimum specifications for sewage disposal sy to final approval.	stem on above caption	ed property. Subject
Type of system: Conventional Other		
Size of tank: Septic Tank: 100 gallons Pump		
Subsurface No. of exact length of each ditcherent ft.	width of ditches ft.	depth of ditches 18-24 in.
French Drain Required:Linear feet Date:	10-21-03	
	d: Jos Won1	
plans or intended use change.	Environmental H	
A	. 1.	Jis
100 39, 1	5 115	7
(DRIVE) Deck		
2d 45' 3BR		15
34458		
Repair 22'		7.
a d	115	
1500		
STUBONT Plumbing shallow-	18 to 24" Dite	L D-pthi
MAINTAIN All Set BACK DO N	of DAVE DA	park on
Septic System	(3) 1/1000	

HARNETT COUNTY HEALTH DEPARTMENT AUT RIZATION TO CONSTRU

by Harnett County Health Department, Improvement Permit # 2354. This		
authorization shall be valid for a period not to exceed five (5) years from the data of in-		
This dunorization will be invalid if ownership, site plans, or intended use change.		
VANDY NORD:> 892. 4347		
Name / Telephone#		
Address		
Property Location SR# Road Name		
Subdivision Lot # #Bedrooms Proposed Let Simple		
Subdivision Lot # # Bedrooms Proposed Lot Size		
TYPE OF SYSTEM		
New Installation [] Repair [] Septic Tank [] Nitrification Lines		
Conventional [] Other		
[] Basement [] With Plumbing [] Without Plumbing		
Water Supply: [] Well Public Water Supply Minimum Well Setback: 55 Ft.		
Septic Tank 9d Pump Chamber 9d		
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 existence shall be a second supplied to the same state of the same sta		
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.		
THE PROPERTY OF THE PROPERTY O		
100/00/21		
Signature of Authorized Agent for Harnett County of Harnett Date		