### HARNI COUNTY HEALTH DEPARTME

20379

## HARNI COUNTY HEALTH DEPARTMENT 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 permit
Name: (owner) Kent Vience	New Installation Septic Tank
Name: (owner)   Cent Orence Property Location: SR# /) \( \sqrt{5} \)	
Subdivision C((e)T)(e)	Lot # _ // j =
Tax ID #	Quadrant #
Tax ID #	ze: VTAC
Basement with Plumbing: Garage:   Garage:	
Water Supply:	
Distance From Well:ft.	
Following is the minimum specifications for sewage disposal systo final approval.	
Type of system: Conventional Other Cypt >  Size of tank: Septic Tank: 99 gallons Pump	Conventien
Size of tank: Septic Tank: gallons Pump	Tank:gallons
Subsurface No. of ditches of each ditch ft.	width of depth of ditches 1824 in.
French Drain Required:Linear feet	1. 10 - 0
	11-17-03
This permit is subject to revocation if site Signed	: Ju WH
plans or intended use change.	Environmental Health Specialist
42'	MAY Not Nead  Rup- Meet snit  To see if we can  Set out of A  Pump.  10  10  10  10  10  10  10  10  10  1

# HARNETT COUNTY HEALTH DEPARTMENT AUT RIZATION TO CONSTRUC

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.	
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Name The William	
Telephone#	
Address	
Property Location SR#  Road Name	
Subdivision Latt # # D J 2x60) Y m	
Lot # # Bedrooms Proposed Lot Size	
TYPE OF SYSTEM	
New Installation [] Repair Septic Tank Nitrification Lines [] Conventional Other Convention	
[] Conventional [] Other Tum to Convention	
[ ] Basement [ ] With Plumbing [ ] Without Plumbing	
Water Supply: [ ] Well [ Public Water Supply Minimum Well Setback:Ft.	
Septic Tank 90 90 Pump Chamber 100 901	
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.	
1 1)-07	
Signature of Authorized Agent for Harnett County of Harnett  Date	