HAR! T COUNTY HEALTH DEPARTM

HTE 03-5-8185

IMPROVEMENT PERMIT

20387

Name: (owner)	New Installation Repairs	Septic Tank Nitrification Line
Subdivision CAROLINA SEASONS	Lot #	H-4
Гах ID #	Quadrant #	
Tax ID #	Lot Size: 99 Ac	
Water Supply: Well Public Comm	nunity	
Distance From Well: 50 ft.		. Declar
Following is the minimum specifications for sewage of final approval.	e disposal system on above caption	ed property. Subject
Type of system: Conventional		
Size of tank: Septic Tank: Oo gallons		
Subsurface No. of exact length of each ditch 2	width of ditches_3_ft.	depth of 1824.
	ft. ditches ft.	ditches 100 in.
French Drain Required:Linear feet	Data: 11-19-07	
	Date: $11-19-03$ Signed: $9-100$	21
This permit is subject to revocation if site blans, or intended use change.	Signed: Environmental He	oolth Smanialist
nans of intended use change.	Environmental Ae	earth Specialist
2	~ `	60
25	90	(
188 Repair yer	The state of the s	1,00
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		100
56×28		
50'		
103 DEINE 18.	1	2
		/ /,
25'	· ·	
a.,	2	2
204		
		10
STUB out Plumbing Sha	1/ow- maintain All.	set BACKI
Do not DevE Depark ons	4tic System	

HARNETT COUNTY HEALTH DEPARTMENT AUT ORIZATION TO CONSTRU

Authorization is hereby given to construct a wastewater system to the specifications described 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.		
Name	Telephone#	
Address		
1201		
Property Location SR#	Road Name	
Subdivision SCASON	H-4 4(56x28) 44Ac	
Suodivision	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	rublic Water Supply Minimum Well Setback: Ft.	
Septic Tank	Pump Chamber 90	
NITIRFICATION FIELD SPECIFICATIONS		
Number of fields # of lines per field Length of lines Et		
Width of ditches ft. Depth of ditches inches		
French Drain: Linear feet required Depth of gravel		
	S. S	
AT T	ET BACKGET OF COLD FOR SHAPE COLDERS STATE COLD FOR SECURITIES AND	
Harnett County Health Departme	overed or placed into use by any parson wetter:	
the conditions of the Improven	nt has determined that the system has been installed according to nent Permit and that a valid Operations Permit has been issued.	
A THE RESIDENCE OF THE PARTY OF	stress of the control	
- Chhori	11-19-07	
Signature of Authorized Agent for Harne	tt County of Harnett	