## HARN Γ COUNTY HEALTH DEPARTMI

HTE 03-5-8254

## **IMPROVEMENT PERMIT**

20326

Be it ordained by the Harnett County Board of Health as follows: stion of any building at which a septic tank system is to be used for disposal from the Harnett County Health Department."	Section III, Item B. "No Pe of sewage without first obta	rson shall begin constru- aining a written permit
Name: (owner) <u>Bregory</u> FNC	New Installation	Santia Tank
Property Location: SR# 1415 Rawls CHURCH	Repairs	Nitrification Line
Subdivision	Lot #	25
Tax ID #	_ Quadrant #	
	ze: 25,000	
Basement with Plumbing: Garage:		
Water Supply:		
Following is the minimum specifications for sewage disposal sy	stem on above cantion	ed property Subject
Type of system:	duction System	
Size of tank: Septic Tank: 1000 gallons Pump		
Subsurface No. of exact length Drainage Field ditches 4 of each ditch 80 ft.	width of ditchesft.	depth of ditches 16 in.
French Drain Required:Linear feet		
Date:	12-9-03	1 . 10.29
This permit is subject to revocation if site plans or intended use change.	Environmental He	lashart
	Environmental He	ealth Specialist
D-BOX CAN BE		
ON EITHER SIDE	1	
OF 10+-1		
6	7	
Paul		
LP12	nate /	
Pont		
G. m.	Po	
	20)	
"Hom	E 30,>	
Pant 1		
Pant 1 LPP	Repart	
15		
15 Th		
_     1		
RAWISENGE DA		

## HARN—T COUNTY HEALTH DEPARTM AUL\_DRIZATION TO CONSTRUCT

by Harnett County Health Department, Improvement Permit # 203 26. 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 Name  800 N PAlex L ST SHS A Argien N.C. 22501  Address		
Telephone#		
Address N.C. 22501		
Property Location SR#  Road Name  Wardan Pince  GU25  3		
Road Name		
Wyndan Place Blo25 3		
Subdivision Lot # Bedrooms Proposed Lot Size		
TYPE OF SYSTEM		
[ ] New Installation [ ] Repair [ ] Septic Tank [ ] Nitrification Lines		
[] Conventional [TOther 75% Roduck 575"		
[ ] Basement [ ] With Plumbing [ ] Without Plumbing		
Water Supply: [ ] Well [ Public Water Supply Minimum Well Setback:Ft.		
Septic Tank 1000 gd Pump Chamber 1000 gd		
NITIRFICATION FIELD SPECIFICATIONS		
Number of fields 2 # of lines per field 4 Length of lines 50 Ft.		
Width of ditchesft. Depth of ditchesinches		
French Drain: Linear feet required Depth of gravel		
No wastewater system shall be covered or placed into a state of the system shall be covered or placed		
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		
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 and that the valid Operations Permit and the valid Operations Perm		
the conditions of the Improvement Permit and that a valid Operations Permit has been issued.		
Janes & Marka Janos		
Signature of Authorized Agent for Harnett County of Harnett  Date		
Date		