IT COUNTY HEALTH DEPARTN

IMPROVEMENT PERMIT

21086

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin construc-

From the Harnett County Health Department." Name: (owner) STATOR AND Septic Tank Property Location: SR# NC 87 Tax ID # Quadrant # Number of Bedrooms Proposed: 452 132 Lot Size: 1,25 AC Basement with Plumbing: Garage: Water Supply: Well Public Community Distance From Well: 50 ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system: Conventional Other Size of tank: Septic Tank: 200 gallons Pump Tank: gallons
Subdivision STALWOOD Lot #
Subdivision
Number of Bedrooms Proposed: \(\frac{1}{52} \text{ \tex{ \text{ \text{ \text{ \text{ \text{ \text{ \text{ \text{ \text{
Basement with Plumbing: Garage: Water Supply: Well Public Community Distance From Well: 50 ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system: Other
Water Supply:
Distance From Well:ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system: Other
Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system: Other
to final approval. Type of system: Conventional Other
Size of tank: Septic Tank: gallons Pump Tank: gallons
Subsurface No. of ditches exact length of each ditch 30 ft. width of ditches ft. depth of ditches in.
French Drain Required: Linear feet Date: 02-06-04
This permit is subject to revocation if site plans or intended use change. Signed: Environmental Health Specialist
Met on te Ss' 4s' 48R 50x32 130' Maintain All Set Dark on sphisoster of park of park of park of park of park on sphisoster of park o

HARN COUNTY HEALTH DEPART INT AUTHORIZATION TO CONSTRUCT

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
ALC V
Property Location SR#
STANDON Property (50x72) Road Name Subdivision
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 State
Septic Tank 1000 gd Pump Chamber god
NITIRFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field
Length of lines 520 Ft.
Width of ditches ft. Depth of ditches inches
French Ducing I:
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 in a line of the line of th
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 installed according to
Jor West RS
Signature of Authorized Agent for Harnett County of Harnett
Date