HARN 'COUNTY HEALTH DEPARTMI

HTE 04-5-8566

IMPROVEMENT PERMIT

21042

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin construction of any building at which a septic tank system is to be used for disposal of sewage without first obtaining a written permit from the Harnett County Health Department." Name: (owner) THOMAS C. BISSETTE II New Installation Septic Tank Property Location: SR# 1120 OVERHILLS RO Repairs Nitrification Line ____Lot # _3 DAVID A BLAYLOCK III Subdivision Quadrant # Tax ID # Lot Size: 2.49AC Number of Bedrooms Proposed: Basement with Plumbing: Garage: N Public ☐ Well Water Supply: Community Distance From Well: 50 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: Pump Tank: gallons Septic Tank: 1000 gallons Subsurface No. of exact length width of depth of ditches 3 of each ditch 100 ft. Drainage Field ditches 3 ft. ditches 25 in. French Drain Required: Linear feet Date: This permit is subject to revocation if site RS (OLIVER TOLKSDORF) Signed: plans or intended use change. Environmental Health Specialist DRAWING * MAINTAIN ALL SETBACKS NIS + CALL WITH AUY QUESTIONS PRIOR TO INSTALLATION 573 57' x31' LPP DRIVE REPAIR AREA OVERHILLS RD

HARNI COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONSTRUCT

by Harnett County Health authorization shall be valid	ven to construct a was Department, Improve	stewater systement Permit	m to the specifications	described
This authorization will be in	nvalid if ownership, sit	e plans, or inte	years from the date of ended use change.	issuance.
THOMAS C. BISSETTE	T			
Name			910-237-8518	
265. 0 0	0		Telephone#	
265 SANDY RIOGE RO Address	DONN NC 6	18 334		
Property Location SR#	LLS RO			
, January Stor			Road Name	
DAVID A BLANLOCK	₩ 3	3		a Maria
Subdivision	Lot#	# Bedrooms Pro		
	TYPE OF S		Lot Size	
New Installation [] Re	epair 🕌 Septic Tan	k Ni	rification Lines	
Conventional [] Of	ther			
[] Basement [] With Plun	nbing [] Without P.	lumbing		
Water Supply: [] Well	,P	ply Minimum	Well Setback: 56	Ft.
Septic Tank 1000	gd Pump Chamb	er	log	-
	TIRFICATION FIEL		"	
Number of fields	" 41	5	TIONS	
Number of fields	_ # of lines per field _	Ler	ngth of lines 100	Ft.
Width of ditches 3		0 -	ches	
French Drain: Linear feet re	equired De	onth of gravel		,
		ben of Braver _		
No wastewater eveters of	The second secon	and the second s	THE SECTION OF THE SE	
No wastewater system sha Harnett County Health De				ion by the
Harnett County Health De the conditions of the Im	partifications determine	ed that the syste	em has been installed ac	cording to
the conditions of the Im	Provident I CITIL AND	mat a valid Ope	erations Permit has been	issued.
. M MM				THE REAL PROPERTY OF THE PERSON OF THE PERSO
a Alla Will	N) RS		م ام ا	
Signature of Authorized Agent for	or Harnett County of Harnet	t	43/04	Date