HTE 04-5-9279

IMPROVEMENT PERMIT

tion of any building at which a septic tank sy from the Harnett County Health Departmen	stem is to be used for disp			
Name: (owner) Matthew King Property Location: SR# 1450 Balli20			Installation rs	Septic Tank Nitrification Line
Subdivision Hadden Valley Tax ID #_ Number of Bedrooms Proposed:			Lot #	36
Tax ID #	_	Quadrant a	#	
Number of Bedrooms Proposed:	<u> </u>	ot Size:	1 mene	
Basement with Plumbing:		I		
Water Supply:				
Distance From Well: 53'	_ft.			
Following is the minimum specification to final approval.	ons for sewage disposa	al system on abo	ove caption	ed property. Subject
Type of system:	Other Sapr	olite		
Size of tank: Septic Tank:	1600 gallons P	ump Tank:	gallons	
Subsurface No. of exportance Drainage Field ditches or	xact length f each ditch loo ft.	width of ditches_	3_ft.	depth of ditches 30-34 in.
French Drain Required:	D	ate: 5		
This permit is subject to revocation i plans or intended use change.	f site Si			Markant 222 ealth Specialist
Plumbeng out High NEXT TO GARAGE TO AHOW LEWES to Fet! *Pump to System May Be Required. 63	HOME PART PART	Druck orders	Prior	Brek Yard E Clarated To Enstablishing Fractor to Act Health Dept on to Enstablishing

HARN... COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications describy Harnett County Health Department, Improvement Partie 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	.: L . 1
by Harnett County Health Department, Improvement Permit # 20795	This
authorization shall be valid for a period not to exceed five (5) years from the date of issua. This authorization will be invalid if ownership, site plans, or intended use change.	nce.
Model V	
Matthew Kros Name 719-635-3415 Telephone# Address Address Matthew Kros Name 719-635-3415 Telephone#	
8108 Bankon ST 6 6500	
Address William Spring M.C. 2750	32
1957)	
Property Location SR#	
Hoad on Walley 36	
Subdivision Subdivision Subdivision Lot # #Bedrooms Proposed Lot Size	
TYPE OF SYSTEM	
[] New Installation [] Repair	
[] Conventional [-] Other Sapulto	
[] Basement [] With Plumbing [] Without Plumbing	
Water Supply: [] Well [Public Water Supply Minimum Well Setback: 50 Ft.	
Septic Tank /600 gd Pump Chamber god	3
NITIRFICATION FIELD SPECIFICATIONS	
Name of the Control o	
Number of fields Z # of lines per field 4 Length of lines 100 Ft.	
Width of ditches 3t. 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 Harnett County Health Department has determined that the great placed in the property of the pro	the
Harnett County Health Department has determined that the system has been installed according the conditions of the Improvement Permit and that a walld Operation B.	g to
the conditions of the Improvement Permit and that a valid Operations Permit has been issued	d.

Signature of Authorized Agent for Harnett County of Harnett

Date