HARNI COUNTY HEALTH DEPARTME

HTE 04 - 5 - 94532

IMPROVEMENT PERMIT

20638

Be it ordained by the Harnett County Board of Health as follows: So tion of any building at which a septic tank system is to be used for disposal o from the Harnett County Health Department."	f sewage without first obta	aining a written permit
Name: (owner) Z.L. Properties	New Installation	Septic Tank
Name: (owner) Z.L. Properties Property Location: SR# 1566 Popes LAKE ROAD	☐ Repairs	Nitrification Line
Subdivision Popes LAME Tax ID # Number of Bedrooms Proposed: 4 Lot Siz	Lot #	2
Tax ID #	Quadrant #	
Number of Bedrooms Proposed: 4 Lot Siz	e: ,7/	
Basement with Plumbing: Garage:		
Water Supply:		
Distance From Well:ft.		
Following is the minimum specifications for sewage disposal sys to final approval.	tem on above caption	ed property. Subject
Type of system:	eduction System	
Size of tank: Septic Tank: 1200 gallons Pump T	Γank:gallons	
Subsurface No. of exact length of each ditch of each ditch of each ditch.	width of ditches3ft.	depth of ditches 18 in.
French Drain Required:Linear feet		
Date:_	6-22-04	
This permit is subject to revocation if site plans or intended use change. Signed	Environmental He	ealth Specialist
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SR 1566 POPE LAKE	72)	

HARNETT CC ITY DEPARTMENT OF PUB HEALTH AUTIORIZATION TO CONSTRUT

Harnett County Department of Public Health, Improvement Permit # 20638 . 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.		
R.L. Properties	919.1.75 1126-	
Name	Telephone #	
R.L. Properties Name 221 Pope Lake 120 Angien N.C. 27 Address	501	
Property Location SR# Road N	es lahe	
Popul Lake Z 4 Subdivision Lot # Bedrooms Proposed	.71 Lot Size	
TYPE OF SYSTEM		
[New Installation [] Repair [] Septic Tank [] Nitrification Lines		
[] Conventional [] Other 25% Reduction System		
[] Basement [] With Plumbing [] Without Plumbing		
Water Supply: [] Well [Public Water Supply Minimum Well Setback:Ft.		
Septic Tank gal Pump Chamber	gal	
NITRIFICATION FIELD SPECIFICATIONS		
Number of fields # of lines per field Length of lines Ft.		
Width of ditches ft. Depth of ditches ft. Depth of ditches ft.		
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 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 has been issued.		
James & Manhant ene		
Signature of Authorized Agent for Harnett County	6-27-04 Date	