HARN [COUNTY HEALTH DEPARTM]

HTE 04-5-9456

IMPROVEMENT PERMIT

20519

Be it ordained by the Harnett Count tion of any building at which a septic tank sys from the Harnett County Health Department	stem is to be used for	disposal of sewage without first o	btaining a written permit
Name: (owner) Cystan Contract	ay Corp.	New Installation	n D Septic Tank
Property Location: SR#_/333 Power	derose Rd		Nitrification Line
Subdivision Carolina Seven		Lot	# H33
T ID "			
Number of Bedrooms Proposed:	4	Lot Size: 144Ac	
Basement with Plumbing:			
Water Supply:		y	
Distance From Well: 50 ~~~	_ft.		
Following is the minimum specificatio to final approval.	ns for sewage disp	oosal system on above captio	oned property. Subject
Type of system: Conventional	Other		
Size of tank: Septic Tank:	gallons	Pump Tank:gallons	
Subsurface No. of ex Drainage Field ditches 2 of		width of ditches ft.	depth of ditches 18-30 in.
French Drain Required:	Linear feet	Date: 5/27/2004	
This permit is subject to revocation if site plans or intended use change.		Signed: Environmental F	Health Specialist
* Mantin all retback		7	
testate ditch at 18 ich	26		
* Non to NO DEEDER Hom	LALPERT		
30° rchs			
	1		
		134'	
184	Hose	40'	
*		Gare Perking	
		A PARAL	
	V	155°	
	19	Link Drive	
	1 cw		

HARNETT COUNTY DEPARTMENT OF PURIOR HEALTH AUT... ORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the Harnett County Department of Public Health, Improvement Permit #_authorization shall be valid for a period not to exceed five (5) years from This authorization will be invalid if ownership, site plans, or intended	200/9 . This			
Name Contractor Corp.	919 775 1497			
P.O. Box 2825 Souferd NC 27831 Address	Telephone #			
	l erac			
Subdivision Lot # Bedrooms Proposed	. 44Ac			
TYPE OF SYSTEM	Lot Size			
[] New Installation [] Repair [] Septic Tank [] Nitrific	ation Lines			
[] Conventional [] Other				
[] 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/°0 Ft.				
Width of ditches ft. Depth of ditches inches				
French Drain: Linear feet required Depth of gravel				
3	_			
No wastewater system shall be covered or placed into use by any person Harnett County Health Department has determined that the system has the conditions of the Improvement Permit and that a valid Operations P	hoom :			
Brya M.S.	5/2/2004			
Signature of Authorized Agent for Harnett County Date				