## HTE 04-5-9471

## HARN | COUNTY HEALTH DEPARTM

## **IMPROVEMENT PERMIT**

20592

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

tion of any building at which a septic tank system is to be used for diffrom the Harnett County Health Department."	sposal of sewage without first obta	aining a written permit
Name: (owner) We Aver Dev.	New Installation	Sentic Tank
Property Location: SR#	Repairs	Nitrification Line
Subdivision The Jumm.+	Lot #	65
Tax ID #	Lot Size: 46 Ac	
Basement with Plumbing:		
Water Supply:  Well Public  Community		
Distance From Well:ft.		
Following is the minimum specifications for sewage dispoto final approval.	osal system on above caption	ed property. Subject
Type of system:  Conventional  Other		
Size of tank: Septic Tank: 1200 gallons		
Subsurface No. of exact length of each ditch 145 f	width of ditchesft.	depth of ditches 18-24 in.
French Drain Required:Linear feet	Date: 05-24-04	
This permit is subject to revocation if site	Signed: On Work	JRJ
plans or intended use change. $\sqrt{5}$	Environmental He	ealth Specialist
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## HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AU' ORIZATION TO CONST CT

Harnett County Department of Public Health, Improvement Permit #		
authorization shall be valid for a period not to exceed five (5)		
This authorization will be invalid if ownership, site plans, or intended use change.		
Name		
Telephone #		
Address		
1141		
Property Location SR#  Road Name		
Me Jumn. + 65 4 (46x52) « 45Ac		
Subdivision Lot # # Bedrooms Proposed 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 Setback: 50 Ft.		
Septic Tank gal Pump Chamber gal		
NITRIFICATION FIELD SPECIFICATIONS		
Number of fields # of lines per field 7		
Width of ditches ft. Depth of ditches inches		
French Drain: Linear feet required Depth of gravel		
No wastewater system shall be		
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 wolld Operation B.		
the conditions of the Improvement Permit and that a valid Operations Permit has been issued.		
Wor West RS		
Signature of Authorized Agent for Harnett County		