HARNET' DUNTY HEALTH DEPARTMENT

20826

HTE 04-5-9553

IMPROVEMENT PERMIT

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) C.O. BACCETT New Installation Repairs Nitrification Line

Name: (owner) C.O. BAGGETT	New Installation Septic Tank
Property Location: SR# 1415 RAWLS CHURCH RO	, ,
Subdivision Wyndham PLACE	Lot # _ 4
Tax ID #	Quadrant #
Number of Bedrooms Proposed: 3	Lot Size: .92Ac
Basement with Plumbing: Garage:	
Water Supply:	
Distance From Well: 100 ft.	
Following is the minimum specifications for sewage dispoto final approval.	sal system on above captioned property. Subject
Type of system:	P TO CONVENTIONAL WY MANATEE DISTRIBUTION
Size of tank: Septic Tank: gallons	Pump Tank: 1000 gallons
Subsurface No. of exact length Drainage Field ditches 4 of each ditch 75 fr	
French Drain Required:Linear feet	Date: 6/2/04
This permit is subject to revocation if site plans or intended use change.	Signed: COLIVER TOLKSBOOK Environmental Health Specialist
+MAINTAIN ALL SETBACKS	DRAWING

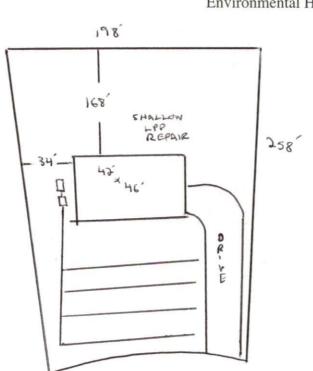
* PUMP SPECS:

30 Spm @ 12'TDH

* MANATEE SPECS

4 13" SCHHO VALVES

* 128 gallons/dose



HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUT DRIZATION TO CONSTICT

Harnett County Department of Public Health, Improvement Permit # 20826. 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.	
Name 919-212-0284	
Telephone #	
Address ROYAL ADELAIDE WAY RALEIGH NC 27604	
Property Location SR# Road Name	
Subdivision Lot # Bedrooms Proposed Lot Size	
Lot # # Bedrooms Proposed Lot Size	
TYPE OF SYSTEM	
New Installation [] Repair Septic Tank Nitrification Lines	
[] Conventional Other Pump To Conventional W MANATER DISTRIBUTION	
[] Basement [] With Plumbing [] Without Plumbing	
Water Supply: [] Well Public Water Supply Minimum Well Setback: 100Ft.	
Septic Tank gal Pump Chamber gal gal	
NITRIFICATION FIELD SPECIFICATIONS	
Number of fields\ # of lines per field _\(\frac{1}{2}\) Length of lines\(\frac{75}{2}\)	
Width of ditches ft. Depth of ditches Zr inches	
French Drain: Linear feet required Depth of gravel	
No weed and the state of the st	
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.	
T among t extrict has been issued.	
Contract of the second of the	
1 MMM 25	
Signature of Authorized Agent for Harnett County Date	