REPAIR

HARN I COUNTY HEALTH DEPARTM

Nº 20060

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) DENNIS DAY				☐ New Installation	☐ Septic Tank
Property Location:	SR#_1121 T	Ray Ro		Repairs	Nitrification Line
Subdivision	,			Lo	t #
Tax ID #				Quadrant #	
Number of Bedrooms	Proposed:	3	Lot	Size: .91AC	
Basement with Plumb	oing:	Ga	rage:		
Water Supply:	Well 🔯 Pu	blic 🔲 Co	mmunity		
Distance From Well:	100	ft.			
final approval.				em on above captioned	
Type of system:		7.5.3		VRENE AGGREGATE	
				np Tank: ga	
Subsurface Drainage Field	No. of ditches	exact length of each ditcl	1 <u>150</u> ft.	width of ditches 3 ft. d	epth of itches 18 in.
French Drain Require	d:	Linear fe	1	1	
This permit is subject plans or intended use		n if site	Date:	Environmental Hea	S COLIVER TOLKSDORF
* MAINTAIN ALL SET	BACKS		1		
* REPLACE DAMAG LINE WITH PIPE		EXISTING HOUSE			0
A TIE INTO EXISTIN	UG SYSTEM				K
BELOW DAMAGE	D AREA	EXISTING			V
PRIOR TO INSTAR		KTANK	EW LINE		E
	DISTRIBUTION BOX				
	SOLIO >				
	DISTRIBUTION BOX	Existing Existing	BERNSTEM		
			SYSTEM		

HARNETT COUNTY HEALTH DEPARTMENT AU')RIZATION TO CONSTRU

by Harnett County Health Department, Improvement Permit # 20060. 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.					
DENNIS DAY Name 436-1939 Telephone#					
Telephone#					
2153 RAY RO SPRING LAKE NC 28390					
Property Location SR#					
Road Name					
Subdivision Lot # # Bedrooms Proposed Lot Size					
TYPE OF SYSTEM					
[] New Installation Repair [] Septic Tank Nitrification Lines					
[] Conventional MOther POLYSTYPENE AGG. TRENCH					
[] Basement [] With Plumbing [] Without Plumbing					
Water Supply: [] Well Public Water Supply Minimum Well Setback: 100 Ft.					
Septic Tank Existing god Pump Chamber god					
NITIRFICATION FIFT D SPECIFICATIONS					
Number of fields 2 # of lines per field \ Length of lines \ 150 Ft.					
Number of fields # of lines per field Length of lines 150 Ft.					
Width of ditches ft. Depth of ditches \lambda 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 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.					
The state of the s					
Signature of Authorized Agent for Harnett County of Harnett Date					
Date					