HARNETT UNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT

1º 14910

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."

	ett County Health Department."	•	•		
Name: (owner) Terri Cieri			New Installation Septic Tank		
Property Location: SR# NC 24/27 Mc Catour			☐ Repairs	⊠ Ni	trification Line
	Fruit DRIVE	JR 1105			
Subdivision_	Sherwood Forest			_ Lot #	37
Tax ID #			Quadrant #_		
Number of B	edrooms Proposed:3	Lo	t Size: /OO x	295	
Basement wi	th Plumbing:	Garage:			
Water Supply	y: 🔲 Well 🔟 Public	Community			
Distance From	m Well: 50 min ft.				
Following is t	he minimum specifications for s	sewage disposal syst	em on above capti	oned propert	y. Subject to
Type of syste		Other			
Size of tank:	1000				
Subsurface					
Drainage Fie	No. of exact of each o	ach ditch 70 ft	ditches 3	ft. ditches_	18-24 in.
French Drain	Required: L	inear feet			
Date: 7-20-98					
This permit is subject to revocation if site plans or intended use change. Signed: Environmental Health Specialist					
1	inded use change.	199'	Environmenta	al Health Spec	cialist
e Costona	The second secon	115	110 110 1	10,	
by		American management	1 1 1	, ()	
	, 00	28x52		6.	
	MARK	38ª K		90'	7
100	1.1	WK	manufacture manufa		100'
100		Lot 37			
X	85'	7			
pest	DRIVE	1 , 15			SCI CONTRACTOR OF THE CONTRACT
00016		-33	Δ.		
		Tio	110.		
	Lot 38	199			
	STUB out Plumbing Shallow - Keep Lines Shallow 18to24"				
	STUB OUT THIN ONE SHOW MAN AND AND AND AND AND AND AND AND AND A				
	Oth Opthe Follow Contours Maintain All Required Set Back				
	DO NOT DRIVE OR	. PARK on SEP	HIC SYSTEM	,	

HATTICOUNTY HEALTH DEPARTMENT AUTIL RIZATION TO CONS RUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 1910. 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. Owner or Authorized Agent Tenzi Ciez; Name: _____ Telephone # Address: Property Location: SR # Nc 24 27 Road Name _____ New Installation _____ Repair ____ Septic Tank ____ Nitrification Lines _____ Subdivision Sheerwood Forest Lot# 37 Basement _____ With Plumbing ____ Without Plumbing ____ Water Supply: Well _____ Public ____ Minimum Well Setback: 55 ft. Type of System: Conventional _____ Other _____ Tank Volume: Septic Tank ______ gallons Pump Chamber _____ gallons **Nitrification Field Specifications** Number of fields _____ Number of Lines per Field _____ Length of lines ______ Width of ditches _____ ft. Depth of ditches _____ 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. Authorized Agent for Harnett County Health Department Name: Date: 7-20-98

(Revised 2/96)CNSTRCT.WPD