## HADNETT COUNTY HEALTH DEPART NT

Nº 14904

## I....?ROVEMENT 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."

	nty Health Department."			
Name: (owner)	Mitte EAtteR		New Installati	on Septic Tank
Property Location:	SR#_\\\\		Repairs	Nitrification Line
SubdivisionSe	ven DAKS			Lot #/2
Tax ID #			Quadrant #	
Number of Bedroom	ms Proposed: 3		Lot Size: 5AC	
Basement with Plui	mbing:	Garage:		5
Water Supply:	Well M Public	Communi	ity	
Distance From Wel	1:ft.			Con
	nimum specifications for	sewage disposal	system on above caption	ned property. Subject to
final approval.	do : 1	<b>5</b> 0.1		
- /			D	
Size of tank:			Pump Tank:	
Subsurface Drainage Field	No. of exa of exa	each ditch 60	width offt. ditches3ft	depth of ditches 1874 in.
French Drain Requi	ired:]			
		Date:	4-15-98	
This permit is sub	ject to revocation if sit	e Signe	d: 40 WAS Environmental	
monete +	use change.		Environmental	Health Specialist
annula			_ `\$	7
1	152	+	1	E Company
30. 00	2AMAGE EASOEMEN	The .	45	
	30			
	1		72'	
and the state of t	Georgia Securitaria de Caracteria de Caracte	- I proposed	2816 /15	
	With the second process of the second		1500	
			mit ORIVE	
	Repair area		75.	
-	Tellan man		/	
				*
	6	233	)	ROAD
TUB OUT Plu	mbing Shallow	18 14" 0	11 0 0	
Tollow contones	mantain all	Respond Co	1 Bati	
On not Deve	or park on an	n And I	the septic SYSTER	
	De pris of the	D MART SI	The septic SYSTEI	η

## HARNETT COUNTY HEALTH DEPARTMENT AUT ORIZATION TO CON RUCT

Authorization is hereby given to construct a wastewater system to the specifications described

	by Harnett County Health Department Improvement Permit #, 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 Mike Eaker
	Name: Telephone #
	Address:
	Property Location: SR # Road Name
	New Installation Repair Septic Tank Nitrification Lines
	Subdivision Seven Daks Lot# 12
	Number of Bedrooms Proposed: Lot size:
	Basement With Plumbing Without Plumbing
	Water Supply: Well Public _X Minimum Well Setback: _50` 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 60
,	Width of ditches ft. Depth of ditches inches
I	French Drain: Linear feet required Depth of gravel
H	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
N	Jame:
(]	Revised 2/96)cnstrct.wpd