## HAR TT COUNTY HEALTH DEPARTN T

HTE	HVIE	ROVEMENT	PERMIT	21855

Name: (owner) Lubert STFINER	☐ New Installation ☐ Septic Tank
Property Location: SR# 1895 BUD HawkINS	
Subdivision	Lot #
Tax ID #	Quadrant #
Number of Bedrooms Proposed:  Basement with Plumbing: Garage	_ Lot Size:
Basement with Plumbing: Garage Water Supply: Well Public Communi Distance From Well: ft.	ity
Following is the minimum specifications for sewage dis o final approval.	sposal system on above captioned property. Subject
Type of system:   Conventional Other	Emp to Con
Size of tank: Septic Tank: Existing allons	Pump Tank: 1000 gallons
Subsurface No. of exact length of each ditch 400	width of depth of ditches 3 ft. ditches 6 in.
French Drain Required:Linear feet	Date: 3-30-05
This permit is subject to revocation if site plans or intended use change.	Signed: James & Manhantes & Environmental Health Specialist  *All Traces TO BE Removed. IN 5454  Anch
TSHKO  System!  ENISTAND  HOME	Contractor to MEET ON SITE PRIOR to Installation.  A Sock Well  Amount

## HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AU [ORIZATION TO CONST | ICT

Harnett County Department of Public Health, Improvement Permit # 21855 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.				
GIBERT STEENER 910-857-8353				
Telephone #				
Name  BZ NATURE, TRADI RD DUNN N.C. 78334  Address				
Property Location SR#  Road Name				
Road Name				
Subdivision 1.35				
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 1000 gal				
NITRIFICATION FIELD SPECIFICATIONS				
Number of fields \( \lambda \) # of lines per field \( \lambda \) I anoth (1):	Ft.			
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	41-			
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 RESERVE AND ADDRESS OF			
James Marken + ans				
5.31-00	~			
Signature of Authorized Agent for Harnett County  Date				