HAR! T COUNTY HEALTH DEPARTM

IMPROVEMENT PERMI

11800

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."

from the Harnett County Health Department."		
Name: (owner) Paul T Baken In	New Installation	Septic Tank
Property Location: SR#	Repairs	Nitrification Line
Subdivision tkotors Creek	Lo	t #_19
Tax ID #	Quadrant #	
Number of Bedrooms Proposed:	Lot Size: 8.63	icreo
Basement with Plumbing: Garage: [
Water Supply: Well Public Community	y	
Distance From Well:ft.		
Following is the minimum specifications for sewage disposal sfinal approval.		
Type of system: Conventional Other		
Size of tank: Septic Tank: 1000 gallons		llons
Subsurface No. of exact length of each ditch 175	width of d ft. ditches 3 ft. d	epth of litches 15-20 in.
French Drain Required: Linear feet		
Date: _	4-9-9	37
This permit is subject to revocation if site plans or intended use change.	Environmental Hea	shout = RS.
pains of interiore use change.	* Man fan al	alth Specialist
VOID AFTER 5 YEARS		
	* Final Layout From permit * Home to be By	may change
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AUTHORIZATION TO CONSTRUCT

Owner or Authorized Agent Paul & Bakes		
Name: Paul T Baken		
Address: RT Z MOX 285 Frquey Vanio P.C.		
Property Location: SR #		
New Installation Repair Sept	ic Tank Nitrification Lines	
Subdivision Hectors Creek	Lot#/ 9	
Number of Bedrooms Proposed:		
Basement With Plumbing	Without Plumbing	
Water Supply: Well Public	Minimum Well Setback:ft.	
Type of System: Conventional Other		
Tank Volume: Septic Tank 1800 gallons	Pump Chamber 1000 gallons	
Nitrification Field	Specifications	
Number of fields Number of Lines per Field	Length of lines	
Width of ditches ft. Depth of ditches 8	inches	
French Drain: Linear feet required	Depth of gravel	
No wastewater system shall be covered or placed into Harnett County Health Department has determined the conditions of the improvement permit and that a very second secon	hat the system has been installed according to	
Authorized Agent for Harnett County Health Departm	nent	
Name: Smark & CS. (Revised 2/96) CNISTROT WIPD	Date: 4-5-97	
(Revised 2/96) CNSTROT MPD		