HARNETT COUNTY HEALTH DEPARTMENT

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IMF..DVEMENT PERMIT 21294

Be it ordained by the Harnett County Board of Health as follows tion of any building at which a septic tank system is to be used for dispos from the Harnett County Health Department."	s: Section III, Item B. "No Person shall begin construc- al of sewage without first obtaining a written permit
Name: (owner) Scottie Vox Hook	Dew Installation Septic Tank
Property Location: SR# Overly la	Repairs Nitrification Line
Subdivision Seva V. Ua	Lot # \(\beta\)
Tay ID #	Quadrant #
Number of Bedrooms Proposed: Jessen Lot Basement with Plumbing: Garage: T	Size:
Basement with Plumbing: Garage:	
Water Supply:	
Distance From Well: 50 m. n ft.	
Following is the minimum specifications for sewage disposal to final approval.	
Type of system:	Convention
Size of tank: Septic Tank: Existing gallons Pun	np Tank: <u>/</u> øo gallons
Subsurface No. of exact length Drainage Field ditches 3 of each ditch 45 ft.	width of depth of
	ned: Syn M. Swin L.S.
*Maintain all rethecks	Environmental Health Specialist
Sime Trust	

HARNETT C NTY DEPARTMENT OF PU CHEALTH AU...ORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 2\2\9\4. 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.	
Scottie Van Hook 497-2323	
Name Telephone #	
292 Sierra Trail Springhake, N.C. 28396 Address	
Property Location SR# Road Name	
Subdivision Lot # Bedrooms Proposed Lot Size	
TYPE OF SYSTEM	
TYPE OF SYSTEM [] New Installation [] Repair [] Septic Tank [] Nitrification Lines	
[] Conventional [] Other Pump to Courch: cal	
[] Basement [] With Plumbing [] Without Plumbing	
Water Supply: [] Well [] Public Water Supply Minimum Well Setback: 50 Ft.	
Septic Tank Exiting gal Pump Chamber /000 gal	
NITRIFICATION FIELD SPECIFICATIONS	
Number of fields # of lines per field Length of lines 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 the	
I Parnell County Health Department has determined that the system has been installed account.	
the conditions of the Improvement Permit and that a valid Operations Permit has been issued.	
Signature of Authorized Agent for Harnett County Date	