№ 15276

IMPROVEMENT PERMIT

tion of any bu	uilding at v	which a septic tank	system is to be u	ised for	disposal of sev	vage without first	rson shall begin construc- obtaining a written permit	
Name: (owner) Show CASE Goot.					X N	ew Installation	Septic Tank	
Property Location: SR# (1)5					R	epairs	Nitrification Line	
Subdivision PeachTREE Crossing								
Tax ID #					Quadrant #			
Number of Bedrooms Proposed:					_ Lot Size: 17, 742 5, ft			
Basement v	with Plum	nbing:	G	arage:				
Water Supp	oly:	Well Pub	olic 🔲 C	ommu	nity			
Distance Fr	rom Well	50 min	ft.		3		- 1	
Following is final approv		mum specificatio	ns for sewage	dispos	al system on a	above captioned	property. Subject to	
Type of system: Conventional Other							*	
Size of tank:		Septic Tank:						
Subsurface Drainage Field		No. of ditches	exact lengt of each dite	h ch 21	6 ft. ditch	$\frac{1 \text{ of }}{\text{es}} = \frac{3}{\text{ft.}} \frac{d}{dt}$	epth of litches 1830 in.	
French Dra	in Requi	red:	Linear f	eet	12 5	SP		
This manne	!4 !a auli!	and the more and in	:f aita	Date	12-9-	-11101		
This permit is subject to revocation if site plans or intended use change. Signed: Environmental F							alth Specialist	
	Per silikiliyayikusi sakitasud etasusi iliyusi kase s	lus:		-		STUR	Out Plumbnx	
		410	Water Comment			Chall-	U 18 to 30"	
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				App.n		conta	125	
	10					MA	utan All	
147'		//	>			in Regu	ind SetBACKS	
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	10	23 x 56	332					
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SANDY COURT

AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 15276. 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 MOU CASE CONST. Name: ______ Telephone # 864-0247 Address: Property Location: SR # _____ Road Name _____ New Installation Repair Septic Tank Nitrification Lines Meach Thee Choising Lot# 24 Number of Bedrooms Proposed: ______ Lot size: 19,942 54 F4 Basement _____ With Plumbing ____ Without Plumbing ____ Water Supply: Well _____ Public ____ Minimum Well Setback: ____ 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 240____ 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 (Revised 2/96)CNSTRCT.WPD