HARNETT COUNTY HEALTH DEPARTM

IM. ROVEMENT PERMIT

Nº 17711

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."

This permit is subject to revocation if site plans or intended use change. Date: D3-08. 2000 Signed: Environmental Health Specialist April 127 April 1	from the Harnett County Health Department."	ar or sewage without mot	bottoming a written pern
Subdivision Charles Steward Tax ID # Quadrant # Quadrant # Quadrant # Lot # 2 Basement with Plumbing:			Septic Tank
Tax ID # Quadrant # Number of Bedrooms Proposed: 3 (28 x x x) Lot Size: 575 Basement with Plumbing: Garage: Muj7 Med On the Water Supply: Well Public Community Muj7 Use filtre Community Muj7 Use filt	Property Location: SR#_/229	☐ Repairs	Nitrification Lin
Number of Bedrooms Proposed: 3 (38 × 17) Basement with Plumbing: Garage: Must Must Must Med On the Water Supply: Well Public Community Must Must Must Must Must Must Must Must	Subdivision Charles Stewart	Lot	#_2
Basement with Plumbing: Water Supply: Well Public Community Must Use Alta Camarkers Distance From Well: ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system: Conventional Other Size of tank: Septic Tank: Septic Tank: gallons Subsurface No. of exact length of each ditches of each ditches ft. ditches functional fisters for each ditches function if site plans or intended use change. Signed: Date: Da	Tax ID #	Quadrant #	
Distance From Well:	Number of Bedrooms Proposed: 3(28×48) Lot	Size: 0 75	
Distance From Well:	Basement with Plumbing: Garage:	must meet on) te
Distance From Well:	Water Supply: Well Public Community	Must use Alta	emmeken 1
Type of system: Conventional Size of tank: Septic Tank: Septic Tank: gallons Subsurface No. of exact length width of depth of ditches of each ditch ft. ditches ft. ditches in. French Drain Required: Linear feet This permit is subject to revocation if site plans or intended use change. Date: D3-08-7000 Signed: Signed: Environmental Health Specialist	Distance From Well: ft.		
Size of tank: Septic Tank: Subsurface No. of ditches of each ditch Drainage Field This permit is subject to revocation if site plans or intended use change. Size of tank: Septic Tank: Septic Tank: Sallons Pump Tank: Width of depth of ditches Fit. ditches In. Date: Date: D3-08-7200 Environmental Health Specialist And ORVE	final approval.		property. Subject to
Subsurface Drainage Field ditches of each ditch ft. depth of depth of ditches in. French Drain Required: Linear feet Date: Date: Signed: Environmental Health Specialist April Apri			
This permit is subject to revocation if site plans or intended use change. Date: D3-08-7000 Signed: Dever			
This permit is subject to revocation if site plans or intended use change. Date:	Subsurface No. of exact length of each ditch of each ditch.	width of deditches ft. di	epth of 18 in.
This permit is subject to revocation if site plans or intended use change. Signed: Signed: Environmental Health Specialist 30 120 120 120 120 120 120 120	French Drain Required: Linear feet		
Environmental Health Specialist 30 120 120 120 120 120 120 120			
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HAR T COUNTY HEALTH DEPART NT AUTH UZATION TO CONS'LLUCT

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 Charles Stewart			
Name: Telephone #			
Address:			
Property Location: SR # 1229 Road Name			
New Installation Repair Septic Tank Nitrification Lines Subdivision Lot # 2			
Number of Bedrooms Proposed: 3(28x48) Lot size: 575 Ac			
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			
Width of ditches $\frac{1}{2}$ ft. Depth of ditches $\frac{1}{2}$ 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.			
Name: Date: Date:			
Revised 2/96 CNSTRCT.WPD			