HATTETT COUNTY HEALTH DEPART

I....PROVEMENT PERMIT

Nº 16603

Be it ordained by the Harnett County Board of Health as follows: Stion of any building at which a septic tank system is to be used for dispostrom the Harnett County Health Department."	Section III, Item B. "No Per al of sewage without first of	son shall begin construc- btaining a written permit
Name: (owner) Weaver Dev.	New Installation	Septic Tank
Property Location: SR#	Repairs	Nitrification Line
Subdivision SUNJet Ridge Sect. II	Lot:	# 39
Tax ID #	Quadrant #	-
Number of Bedrooms Proposed: 3 (3) x (2) Lo	Size: 103 x (75 x	103×175
Basement with Plumbing: Garage:	Must use f.	Her 9
Water Supply: Well Public Community Distance From Well: ft.	Septic TANK	mark
Following is the minimum specifications for sewage disposal syst final approval.	em on <mark>above captioned p</mark>	roperty. Subject to
		+
Size of tank: Septic Tank: Os gallons Pur		
Subsurface No. of exact length of each ditch ft.	width of del ditches ft. dit	pth of ches 18-21 in.
French Drain Required: Linear feet	1 10 55	
Date:	5-17-11	
This permit is subject to revocation if site plans or intended use change.	Environmental Healt	th Canadaliat
175		in Specialist
25'	112 112	
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Popuro Lines) Maintain All SitBack,		
StuB Out Plumbing Shallo	J	

HARNETT COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 1663. 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 __ WEAVER VICE. Name: _____ Telephone # _____ Property Location: SR # ______ Road Name _____ New Installation Repair Septic Tank Nitrification Lines Juniet Ridge Set. H Lot # 39 Number of Bedrooms Proposed: 3(3)x62 Lot size: 103x175x103x175 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 ______ 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