HAR T COUNTY HEALTH DEPARTM

AR T COUNTY HEALTH DEPARTM 1 Nº 19232

IMPROVEMENT PERMIT 03 5 5975 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 sentic tank system is to be used for disposal of sevenge without first obtaining a written pormit

from the Harnett County Health Department."
Name: (owner) Robert & Terri Cieri I New Installation Septic Tank
Property Location: SR# N(24/27 Repairs Nitrification Line
Subdivision The HighLand C Sheewax Forest Lot # 34
Tax ID # Quadrant #
Number of Bedrooms Proposed: 3(28 × 60) Lot Size: 1.41 AC
Basement with Plumbing: Garage: Must meet on site Before
Water Supply: Well Public Community To 174//inq
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 May to Conventional
Size of tank: Septic Tank: Os gallons Pump Tank: Dog gallons
Subsurface No. of ditches depth of exact length of each ditch of each ditches ft. ditches ft. depth of depth of ditches in.
French Drain Required: Linear feet
Date: 01-31-33
This permit is subject to revocation if site plans or intended use change. Signed: Environmental Health Specialist
164 75
NOTE This is page one of This premit
4
Faxement 300 mH 20 mater Line water Line water Line
28×60' Fines
De 191 75'
Sec PASE 2 1 + 1/4/
5 No to one 3 1 100 100
With Line Crossing 100 + 100 mg 100
- Bough 10. Elseung
167 112

HAR T COUNTY HEALTH DEPARTM

IMPROVEMENT PERMIT

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."
Name: (owner) Kobert Turi Cicki Page 2 New Installation Septic Tank
Name: (owner) Robert Turc Cica: Page 2 Property Location: SR# NC 24/27 Repairs New Installation Septic Tank Repairs Nitrification Line
Subdivision Mithyhlands C Shirpood forest Lot # 34
Number of Bedrooms Proposed: 3(28×60) Lot Size: 1.4 Ac
Number of Bedrooms Proposed: Scale Lot Size: 1.9 Ac
Basement with Plumbing: Garage: Ga
Basement with Plumbing: Garage: Page 2 Water Supply: Well Public Community Must meet onsite
Distance From Well: ft.
Following is the minimum specifications for sewage disposal system on above captioned property. Subject to inal approval.
Type of system: Conventional Other My to Conventional
Size of tank: Septic Tank: Do gallons Pump Tank: Do gallons
Subsurface No. of ditches exact length of each ditch so ft. ditches ft. ditches ft. ditches in.
French Drain Required: Linear feet
This permit is subject to revocation if site Signed: Signed:
Chis permit is subject to revocation if site Plans or intended use change. Signed: Environmental Health Specialist
Environmental Health Specialist
Must meet on the Before Installing Septic System
Jump supply Line (Septic) must cross under the water Line
(main Line) Pump Supply Line must be 18 Below WATER TIME
There shall be No pipe Joints within 10's the crossing
either in the Depoly Line or in the White
al the Handle Environmental Meally Must
have approval in writing from the Haznett Co Dept. of Public Williams that the crossing meets their standards Before Utilities that the crossing meets their standards Before
Whiles that the Crossing Miles Shed.
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T COUNTY HEALTH DEPARTM 03-5-5975 IM-ROVEMENT PERMIT 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." Name: (owner) Kobert OTerri Cicei Ase 3 New Installation Property Location: SR# ☐ Repairs Nitrification Line a Sherward fores Quadrant #__ Number of Bedrooms Proposed: 3(28, 60) Basement with Plumbing: Garage: Water Supply: Well Public Public Community Distance From Well: _ Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. lump to Conventional Other Type of system: ☐ Conventional Pump Tank: | gallons Size of tank: Septic Tank: gallons exact length of each ditch & depth of the ditches in. Subsurface No. of Drainage Field ditches French Drain Required: _____ Linear feet Date:
Signed:
Environmental Health Specialist This permit is subject to revocation if site plans or intended use change. Please note That P.p. Joints must be Alleast 10' from where The 2 pipes CROSS-Note Water Line 9 Pump supply Live must be of cast IRON / Quetik Iron for equivalents WAter Line DRAINLING MUST BE Installed At 18" max Ortch Orothi Follow contars Maintain All set Back Do not DRIVE DR PARK ON SIPHIC Pump supply Line System NOTE Purpsupply Line

Must Be 18 Inches Below

Water Line

HAR! T COUNTY HEALTH DEPART! IT AUTHORIZATION TO CONSTRUCT

by Harnett County Health Department, Improvement Permit #
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.
Robert & Teen. Civi. 499-242-1 Name Telephone#
Telephone#
Address
Property Location SR# Road Name
The High Lace (2) Showed Fort 34 3 (28x60) 1.4/Ac Subdivision Lot # # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
[New Installation [] Repair [Septic Tank [Nitrification Lines
[] New Installation [] Repair [Septic Tank [] Nitrification Lines [] Conventional [] Other [Other] Conventions []
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well Public Water Supply Minimum Well Setback: 50 Ft.
Septic Tank Pump Chamber / 000
NITIRFICATION 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
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.
Ch WAA 01-31-03
Signature of Authorized Agent for Harnett County of Harnett Date