'TT COUNTY HEALTH DEPART

Nº 19258
03-5-6593

INIPROVEMENT PERMIT

tion of any building at which a septic tank system is to be used for disposition the Harnett County Health Department."	sal of sewage without first obtaining a written permit
Name: (owner) Rinc Grove Des	New Installation Septic Tank
Property Location: SR# NC 24 27	
Subdivision Wood Bridge	Lot #
Tax ID #	Quadrant #
Number of Bedrooms Proposed: 3(27)56) Lo	
Basement with Plumbing: Garage:	NOTE The Change In house
Water Supply: Well Public Community	Location
Distance From Well: ft.	
Following is the minimum specifications for sewage disposal syst final approval.	em on above captioned property. Subject to
Type of system: Conventional Other	
Size of tank: Septic Tank: gallons Pu	mp Tank: gallons
Subsurface Drainage Field No. of ditches ft exact length of each ditch	width of depth of ditches in.
French Drain Required: Linear feet	diches it. diches in.
	3-06-03
This permit is subject to revocation if site Signed:	0 1 1 1 2 .
plans or intended use change.	Environmental Health Specialist
92000	161
Dave 24	
44:	Lep
330	KARIN
27156	66
	0 ×
mr /	
19	
113 Max	
	Do not OpeNE or prak
Note Change In 130	
	on septic system.
Maintain All Set Back	
Keep STSTEM Between house	

HARN COUNTY HEALTH DEPARTN T AUTHORIZATION TO CONSTRUCT

by Harnett County Health Department, Improvement Permit # 1925 . This	
authorization small be valid for a period not to exceed five (5) years from the Life of	
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Name Name	
Name Telephone#	
Address NGA 4 2 7 Property Location SR#	
Property Location SR# Road Name	
Wood Bride 7 3(27x56) Road Name	
Subdivision Novel Bridge 7 Subdivision Lot # Bedrooms Proposed Lot Size	
[New Installation [] Repair Septic Tank Nitrification Lines	
Conventional [] Other	
[] Basement [] With Plumbing [] Without Plumbing	
Water Supply: [] Well [] Public Water Supply Minimum Well Setback: Ft.	
Septic Tank OOO > Pump Chamber	
NITIRFICATION FIELD SPECIFICATIONS	
Number of fields # of lines per field	
Width of ditchesft. 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 the tall	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
the conditions of the Improvement Permit and that a valid Operations Permit has been issued.	
() 2 hold () 07-06-07	
Signature of Authorized Agent for Harnett County of Harnett	
Date	