HAR T COUNTY HEALTH DEPARTM Γ Nº 19287
IMPROVEMENT PERMIT 03-5-6640
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) Clade Patterson New Installation Septic Tank
Name: (owner) Clade Patterson Property Location: SR# 1215 Repairs New Installation Septic Tank Repairs
Subdivision JM Kelly Acaco H Lot # 7
Tax ID # Quadrant #
Tax ID # Quadrant # Number of Bedrooms Proposed: 3(41x56) Lot Size:
Basement with Plumbing: Garage:
Water Supply: Well Public Community
Distance From Well: 55 ft.
Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system: Conventional
Type of system: Conventional Size of tank: Septic Tank: gallons Pump Tank: gallons
Subsurface No. of exact length width of depth of ditches of each ditch 300 ft ditches 3 ft ditches 3 ft ditches 18
Frank Davis Davis Adams 50 3 Village
Date: 03-27-03
This permit is subject to revocation if site Signed: Signed:
plans or intended use change, Environmental Health Specialist
This permit is subject to revocation if site plans or intended use change. Meet on site Before Intended System Meet on
Dr. JE SO HO THAT ATT SET BACKS
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XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Place French Drain As Shown - 36" & gravel &4" P.pe
Dinot Drive or DANK ONJUSTIC System

HARN F COUNTY HEALTH DEPARTM T AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described 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.
Name 258-5538 Telephone#
Name Telephone#
Address
1215
Property Location SR# Road Name
Subdivision Road Name Road Name Subdivision Subdivi
Lot # # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
[New Installation [] Repair
Conventional [] Other
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well [Public Water Supply Minimum Well Setback:Ft.
Septic Tank / Do god Pump Chamber god
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 Myx So Depth of gravel 36
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.
1/2 WIN) 3-27-33
Signature of Authorized Agent for Harnett County of Harnett Date