## HAF TT COUNTY HEALTH DEPART

IM-ROVEMENT PERMIT

№ 19412 03-5-70**91** 

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)	JACOB Myn	dy	New Installation	Septic Tank	
	Location:	~ <i>i</i>	0	Repairs	Nitrification Line	
Subdivis	ion_Mo	Rly FARM		L	ot #	
Tax ID#		. 17		Quadrant #		
Number	of Bedroom	s Proposed: 4 (27	x 76) Lo	t Size: 1.05 A	(	
Basemen	t with Plum	bing:	Garage: 🔲			
Water Supply:   Well  Public   Community						
Distance From Well:ft.						
Type of s	roval. system:	Conventional	Other			
Size of ta	ink:	Septic Tank: /少の	gallons Pu	mp Tank: g	allons	
Subsurfa Drainage	Field	No. of ditches of exact		width of ditches 3 ft.	depth of ditches in.	
French D	Prain Require	ed: 191 500 1 I	inear feet  8"18" And Date:	5.25-03		
		ct to revocation if site	Signed:	Qu LARI		
plans or	intended us	se change.	202	Environmental Ho	ealth Specialist	
10 60 F 10 10 10 10 10 10 10 10 10 10 10 10 10	WAX BRIVE	X 30' } L 4BC L 4BC	15 75	JI GAIS  JIS  JIS  JIS  JIS  FREE  FREE  JIS  JIS  JIS  JIS  JIS  JIS  JIS  J	1 124	
1 0	O ton o	Pllset Bails RIVE DRPARK DRAIN TO BE	Sy" Deep L	1th 48" 1 5P	Avel & To extend from French DRA	

## 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 # 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.					
Name Y98-3891 Telephone#					
Name Telephone#					
Address 120					
Property Location SR# Road Name					
Mork FARMI					
Subdivision Lot # Bedrooms Proposed Lot Size					
TYPE OF SYSTEM					
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					
Septic Tank 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 Depth of gravel					
No westewater system shall be sovered or plessed into year by one person will be incomed in the state.					
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.					
July 5-25-00					
Signature of Authorized Agent for Harnett County of Harnett					