HARNI COUNTY HEALTH DEPARTME

Nº 19433 IMPROVEMENT PERMIT 03-5-7196

nom the Harnett County/Health Department."	used for disposal of sewage without first obtaining a written perm
Name: (owner) Charles Burgess	New Installation Septic Tank
Property Location: SR# NCan	Repairs Nitrification Lin
	Lot #
Tax ID #	Quadrant #  Lot Size: 9. 4/ A c
Number of Bedrooms Proposed: 30 16 x 28	Lot Size: 9, 4/Ac
Basement with Plumbing:	Garage: I Meet Onlite After latio
Water Supply:  Well  Public  C	community Cleared & Before Home is on of And we may be Able To Set out -
Distance From Well: 55 ft.	of And we may be Able to Set out =
Following is the minimum specifications for sewage	Apon by shifting home location. disposal system on above captioned property. Subject to
final approval.	
Type of system: Conventional	ther Purp To Conventional
	ns Pump Tank: 1000 gallons
Subsurface No. of exact length of each ditches of each ditches	th 400 ft. ditches 3 ft. depth of 18 in.
French Drain Required: Linear f	
Linear f	0-19-07
This permit is subject to revocation if site	Date: 6-19-00 Signed: 94 (AP)
plans or intended use change.	Environmental Health Specialist
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	Dak Pak
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	1. elva
187 3(76,28)	187'
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10.00	
160°	V1/4 /
Mink	Curin )
/. Ki	ALM Land
	26.
60	
mark on the contract of the co	home on site And After lot is clear
Will liter offite before moonly	mintain All 41 Racks - Os not Day
Arbi Abli 12 Set Out of pump-	Mintain All set Barks - Os not Dr Person my pink Flags
Mark of reptice system us no	Level Lings

## HAL\_TT COUNTY HEALTH DEPAR\_ENT 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.		
Charles A Burgess 897-7655  Name 897-7655  Telephone#		
Address N(2)		
Property Location SR# Road Name		
Decr Croft Cit 6 3(76x28) 9.41AC		
Subdivision Lot # # Bedrooms Proposed Lot Size		
TYPE OF SYSTEM		
New Installation [] Repair The Septic Tank [Nitrification Lines [] Conventional [] Other		
[ ] Basement [ ] With Plumbing [ ] Without Plumbing		
Water Supply: [] Well Public Water Supply Minimum Well Setback: 50 Ft.  Septic Tank 090 90 Pump Chamber 000 90		
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.		
Signature of Authorized Agent for Harnett County of Harnett  Date		