T COUNTY HEALTH DEPARTM

HTE 03-5-7834 R

IMPROVEMENT PERMIT

20293 Rev.)

tion of any building at which a septic tank system is to be used for from the Harnett County Health Department."	s follows: Section III, Item B. "No Person shall begin construction of sewage without first obtaining a written permit
Name: (owner) Cland A PACZ	Naw Installation W Santia Touls
Property Location: SR#NC87	Repairs Nitrification Line
Subdivision Holda Carra Tax ID #_ Number of Bedrooms Proposed: 3 (28 x64)	Lot #
Tax ID #	Quadrant #
Number of Bedrooms Proposed: 3(28 x64)	Lot Size: 1.45AC
Basement with Plumbing: Garage	: -
Water Supply: ☐ Well Public ☐ Commun	ity
Distance From Well: 50 ft.	
Following is the minimum specifications for sewage disto final approval.	sposal system on above captioned property. Subject
Type of system:	Itas Shallow conventional
Size of tank: Septic Tank: Septic Tank:	Pump Tank: Saltons
Subsurface No. of exact length of each ditch 75	width of depth of depth of ditches 1 in.
French Drain Required:Linear feet	Date: 10-10-33
This permit is subject to revocation if site plans or intended use change.	Signed:Environmental Health Specialist
Do not Drive on	
PACK ON STATIC	Before Installing
SYSTEM 20°	- 38R 12" MAX.
	28x4 27 Ditel Depth
Over the top of the to	Must Being
Portine 1	IN 8+512" 3 Approved
	Blue
A. Sal Exert	White P STITEM
reline rocat pr	Blue Flagsed
Chly Cox	white
variable (Was	Blue 23 B-1
Colorie between	I st.
	So Need
NC87 1	72 Mest
Mcg.	Pond

HARNETT COUNTY HEALTH DEPART NT AU' ORIZATION TO CONSTR T

This authorization will be invalid if ownership, site plans, or intended use change. Carrier Address Road Name	by Harnett County Health Department, Improvement Permit # 20297. This	
Name Telephone# Address NU SO Property Location SR# TYPE OF SYSTEM New Installation [] Repair [Septic Tank Tylitrification Lines [] Conventional [] Other What Plumbing Water Supply: [] Well Septic Water Supply Minimum Well Setback: Septic Tank Septic Tank Tylitrification Lines [] Public Water Supply Minimum Well Setback: Septic Tank Septic Tank Septic Tank Tylitrification Lines [] Basement [] With Plumbing [] Without Plumbing Water Supply: [] Well Septic Water Supply Minimum Well Setback: Septic Tank Se	authorization shall be valid for a period not to exceed five (5) years from the date of issuance.	
Address Composition of the Improvement Permit and that a valid Operations Permit has been installed according to the conditions of the Improvement Permit and that a valid Operations Permit has been issued.	Charles of the plans, or intended use change.	
Address Compared to Compare	Name	
Property Location SR# Road Name 3 (28 24) 1 1 1 1 1 1 1 1 1	Telephone#	
Property Location SR# Subdivision Lot # # Bedrooms Proposed Lot Size	Address	
Subdivision Lot # # Bedrooms Proposed Lot Size TYPE OF SYSTEM New Installation [] Repair [Septic Tank [Nitrification Lines [] Conventional [] Other		
Subdivision Lot # #Bedrooms Proposed Lot Size TYPE OF SYSTEM New Installation [] Repair	Road Name	
TYPE OF SYSTEM New Installation [] Repair [Septic Tank [Nitrification Lines [] Conventional [] Other	50 Hills (wrin 3(28x64))	
New Installation [] Repair [Septic Tank [Nitrification Lines [] Conventional [] Other	# Bedrooms Proposed Lot Size	
[] Basement [] With Plumbing [] Without Plumbing Water Supply: [] Well Plublic Water Supply Minimum Well Setback:	TYPE OF SYSTEM	
[] Basement [] With Plumbing [] Without Plumbing Water Supply: [] Well Plublic Water Supply Minimum Well Setback:	New Installation [] Repair [Septic Tank Nitrification Lines	
Water Supply: [] Well Public Water Supply Minimum Well Setback:	[] Conventional [] Other Uhashallau	
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	[] Basement [] With Plumbing [] Without Plumbing	
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Number of fields # of lines per field Length of lines Ft. Width of ditches	Septic Tank 300 gd Pump Chamber god	
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Signature of Authorized Agent for Harnett County of Harnett	Harnett County Health Department has determined that the system has been in a like the	
Signature of Authorized Agent for Harnett County of Harnett	the conditions of the Improvement Permit and that a valid Operations Permit has been ignored.	
Signature of Authorized Agent for Harnett County of Harnett Details Detai	A STATE THAT SHEET IN THE PROPERTY OF THE PROP	
Signature of Authorized Agent for Harnett County of Harnett	(or LAR)	
	Signature of Authorized Agent for Harnett County of Harnett Date	