HAF TT COUNTY HEALTH DEPARTIMENT

HTEO.5-5-011184R IMPROVEMENT PERMIT 21913

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) Derby & (VIA) Arct Hile ONNew Installation & Septic Tank
Name: (owner) Derby Margaret Allen Of New Installation & Septic Tank Property Location: SR# NOW Property Location: SR# Repairs Nitrification Line
Subdivision Lot #
Tax ID # Quadrant #
Number of Bedrooms Proposed: 4(30x68) Lot Size: _689 AC
Basement with Plumbing: Garage: DO OT DRIVE OR DREK
Basement with Plumbing: Water Supply: Well Public Community Distance From Well: Garage: On TORIVE DRACK Community On File Supplies Supplie
Distance From Well: 50 ft. Mark 2014
Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.
Type of system: Conventional Other 25% Reduction SYSTEM
Size of tank: Septic Tank: 1000 gallons Pump Tank: gallons
Subsurface No. of exact length width of depth of Drainage Field ditches 4 of each ditch 100 ft. ditches 3 ft. ditches 18 in. French Drain Required: Linear feet 25% Reduction 575 TEM
French Drain Required: Linear feet of 25% Reduction SYSTEM
Date: 02-15-05
This permit is subject to revocation if site plans or intended use change. Signed: Environmental Health Specialist
Meet Onlite Before
INSTAlling Septic 35' 54' Som 1 16' 33' STITEM SOM 16' SOM 1 LAP /
54 120 For Final Layout Layout
Maintain All Set BACKS Do Man not Orive Orpark on septic System

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH A THORIZATION TO CONL, RUCT

Authorization is hereby given to construct a wastewater system to the specifications Harnett County Department of Public Health, Improvement Permit # 2\9\3 authorization shall be valid for a period not to exceed five (5) years from the date of	
This authorization will be invalid if ownership, site plans, or intended use change	rodunce.
Derby & MARgred Aller	
Name Telephone #	
Negr. (Bulland Rd)	
Property Location SR# Road Name	-
4(30x68) 290	
Subdivision Lot # Bedrooms Proposed Lot Size	C
TYPE OF SYSTEM	
New Installation [] Repair Septic Tank Nitrification Lines	
[] Conventional Stother 25% Reduction SYSTEM	
[] Basement [] With Plumbing [] Without Plumbing	
Water Supply: [] Well Public Water Supply Minimum Well Setback:	50 Ft.
Septic Tank DDO gal Pump Chamber	gal
NITRIFICATION FIELD SPECIFICATIONS	
Number of fields # of lines per field Length of lines _	⊃ Ft.
Width of ditches	la Reduction
French Drain: Linear feet required Depth of gravel	STITEM
No wastewater system shall be covered or placed into use by any person until an ins	nection by the
Harnett County Health Department has determined that the system has been installed the conditions of the Improvement Permit and that a valid Operations Permit has been as the conditions of the Improvement Permit and that a valid Operations Permit has been as the conditions of the Improvement Permit and that a valid Operations Permit has been as the conditions of the Improvement Permit and that a valid Operations Permit has been installed that the system has been inst	1
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Loe West RS	
Signature of Authorized Agent for Harnett County	ate