02-5-4721

HARN COUNTY HEALTH DEPARTM

Nº 19528

IMPROVEMENT PERMIT

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) JAMES & JANICE STANKIL	New Installation	Septic Tank
Property Location: SR#1704 TILGHMAN RO	Repairs	Nitrification Line
Subdivision	Lot	#
Tax ID #		
Number of Bedrooms Proposed:3	Lot Size: 14 NC	
Basement with Plumbing: Garage: [
Water Supply: Well Public Community	y	
Distance From Well:ft.		
Following is the minimum specifications for sewage disposal s		
Type of system: Conventional Other Pur	& 10 CONVENTIONA	4
Size of tank: Septic Tank: gallons		
Subsurface No. of exact length of each ditch	width of definition of the def	epth of tches 18-20 in.
French Drain Required: Linear feet	-1 1	
Date: _	118/03/11	
This permit is subject to revocation if site plans or intended use change. Signed:	in mass	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Environmental Hea	DRAWING.
* MAINTAIN ALL SETBALKS	POND	NTS
* KEEP SISTEM ABOVE TREE	50, 4106	
BEHIND TRAILER	EONVENTIONAL REPAIR	
* CALL WITH ANY QUESTIONS	7,162	
BRIOR TO INSTALLATION		
B 212		
1×2		
D Nace €		
594		
25		
	383	
250'		

HAI TT COUNTY HEALTH DEPARTMENT AUT IN CRIZATION TO CONSTRUCT

Harnett County Health Department, Improvem authorization shall be valid for a period not to e	exceed five (5) years from the date of issuance.	
This authorization will be invalid if ownership, si		
JAMES & JANICE STANCIZ	919-894-4768	
1 mile	Telephone #	
134 DEER HUNTER LN BENSON Address	, NC 27504	
1704 TILGHMAN RO		
Property Location SR#	Road Name	
	3 14 ARRE	
Subdivision Lot #	# Bedrooms Proposed Lot size	
TYPE (OF SYSTEM	
New Installation [] Repair Septic Tank	Nitrificiation Lines	
[] Conventional Other Punk To Conv. [] Basement [] With Plumbing [] Without Plumbing		
Water Supply: [] Well Public - Minimum Well Setback: 50 Ft. Septic Tank 1000 Pump Chamber 1000		
NITRIFICATION FI	ELD SPECIFICATIONS	
Number of fields # of lines per field	Length of lines 400 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	7/18/03 Date	