HARNETT COUNTY HEALTH DEPARTMENT #03-5-5/10

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) Dary Highes New Installation Septic Tank SR# 1546 Young Rel Repairs Nitrification Line Property Location: Subdivision _____ Lot # Z Tax ID #______ Ouadrant #_____ Basement with Plumbing: Garage: Well Well Water Supply: Public Public ☐ Community Distance From Well: ____50° Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. ☑ Conventional Type of system: Other ____ Septic Tank: 1000 gallons Pump Tank: _____ gallons Size of tank: Subsurface exact length No. of ditches 3 exact length width of depth of ditches 3 ft. ditches 18-20 in. No. of Drainage Field French Drain Required: _____ Linear feet This permit is subject to revocation if site Signed: Environmental Health Specialist plans or intended use change. 30' IN+ Egress EAS. SMENT HOME

HAKNETT COUNTY HEALTH DEPARTMENT #-05-3-3/10
IM ROVEMENT DEDMI Nº 13934
Be it ordained by the Harnett County pourd 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) Dary Highes New Installation W. Santia Toul
Name: (owner) <u>Sary Highes</u> Property Location: SR# 1546 Young Rol Repairs New Installation Repairs Nitrification Line
Subdivision Lot #_ Z
14X 1D #
Number of Bedrooms Proposed: 3 Lot Size: 1. Zacu
Garage: G
Water Supply: Well Public Community
Distance From Well:ft.
Following is the minimum specifications for sewage disposal system on above captioned property. Subject to Type of system: Other
Cincl
Size of tank: Septic Tank: 1000 gallons Pump Tank: gallons Subsurface No. of exact length width of depth of of each ditches ft. ditches 18-20 in.
French Drain Required: Linear feet ft. ditches ft. ditches ft.
This permit is subject to revocation if site plans or intended use change. Date: 7-22-02 Signed: Carres E Manhauf Cass Environmental Health Specialist
30' IN + Equess Ensiment State Dwg-3-2-02 HOME Joseph

HA IT COUNTY HEALTH DEPARTMENT AUT IN CONSTRUCT

Authorization is hereby given to construct a waster Harnett County Health Department, Improvement authorization shall be valid for a period not to exce	Permit # 13934 . This
This authorization will be invalid if ownership, site p	
Sary Hogles	639 - 65 94 Telephone #
3055 OID BUTES CAPEK PD	Ansier N.C.
Address	0
1546	Vouns Road Name
Property Location SR#	Road Name
- 2	3 1.789
Subdivision Lot #	# Bedrooms Proposed Lot size
[New Installation [] Repair [Septic Tank [] [Conventional Other	Setback:Ft. Chamber D SPECIFICATIONS Length of lines/OOFt.
No wastewater system shall be covered or inspection by the Harnett County Health De has been installed according to the condition valid Operations Perm	epartment has determined that the system ons of the Improvement Permit and that a
James & Man L. Lee Signature of Authorized Agent for Harnett County	9 7-77-02 Date