03-5-5587

HARNET OUNTY HEALTH DEPARTMEN Nº 15529

IMPROVEMENT PERMIT

tion of any building at which a septic tank system is to be used for from the Harnett County Health Department." Name: (owner)	Mew Installation	☑ Septic Tank	
Property Location: SR# 1725 Ashe Ave	Repairs	☑ Nitrification Line	
Subdivision	Lo	Lot #	
Tax ID #	Quadrant #		
Number of Bedrooms Proposed:3	Lot Size: Acre		
Basement with Plumbing: Garage	e: 🔲		
Water Supply: ☐ Well ☐ Public ☐ Comm	nunity		
Distance From Well:ft.			
Following is the minimum specifications for sewage dispo	osal system on above captioned	d property. Subject to	
final approval. Type of system: ☐ Conventional ☐ Other.	Pump to FEE-ZZZIAY I	WNS.55.3R	
-71	Pump Tank: 1000 g		
		depth of 16-7/2	
Subsurface No. of exact length of each ditch 1	ft. ditches 3 ft.	ditches in.	
French Drain Required: Linear feet			
D	ate: 10-1-02	1000	
This permit is subject to revocation if site Si	gned: Opmes C Man	harte KS.	
plans or intended use change.	[] Ellyllollillelitai 11	ox to meet	
		o Installation	
10	1700TC T	O TOSLILIM.	
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#03-5-5587

AU ORIZATION TO CONSTRU

Authorization is hereby given to con Harnett County Health Department authorization shall be valid for a per This authorization will be invalid if or	, Improvement Permit riod not to exceed five	(5) years from the date of issuance.
Loni Allew		911-597-1141
Name		910 - 892 - 1146 Telephone #
155 Hanvey AllEN LA Address	WE MUNIN	N.C. 70324
Address	10 10 10	60 33 7
1775		Ache Ave
Property Location SR#	N	Road Name
		3
Subdivision	Lot # # I	Bedrooms Proposed Lot size
	TYPE OF SYSTE	
[] New Installation [] Repair [] S	Septic Tank [] Nitrifici	iation Lines
[Conventional Other FFFT	77 LAG - []Basement []	With Plumbing [] Without Plumbing
Water Supply: [Well [] Public - Septic Tank /000	Minimum Well Setback: Pump Chamb	er 1000 Ft.
NITRIF	ICATION FIELD SPEC	CIFICATIONS
Number of fields # of lines p	er field3 Len	gth of lines/ð/\dot\ Ft.
Width of ditches ft. Depth of ditches inches		
French Drain: Linear feet required Depth of gravel		
inspection by the Harnett Countries has been installed according to	nty Health Departn	ed into use by any person until an nent has determined that the system the Improvement Permit and that as been issued.
Signature of Authorized Agent for Harnatt Co	ANHAR S	Date