HARITT COUNTY HEALTH DEPARTM

Nº19938

IMPROVEMENT PERMIT

03-5-6087 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."

Tom the Harnett County Health Department."		
Name: (owner) HAROLD Thomas Dean	New Installation	Septic Tank
Property Location: SR# 1278 Holly Pines	Repairs	Nitrification Line
Subdivision Sters Thomas		
Tax ID #	Quadrant #	
Number of Bedrooms Proposed: 3(32 x 60) Lo	ot Size: / ODA	
Basement with Plumbing: Garage:		
Water Supply: Well Public Community		
Distance From Well:ft.		
Following is the minimum specifications for sewage disposal syst	tem on above captioned	property. Subject to
final approval. Type of system: Conventional Other		
Size of tank: Septic Tank: Do gallons Pu		
Subsurface Drainage Field No. of exact length of each ditch 500 ft		
French Drain Required: Linear feet	. ditellesit. di	iteries in.
Date:	2.20-02	
This permit is subject to revocation if site	O(1)	5
plans or intended use change.	Environmental Hea	lth Specialist
366		
		131
1,3	LPP 1.53	
	Pupare	
	0,2	SR
175		1270
123 D 3 BR	52x60	113
	K	
53%		7
1 1		
elic Box	20	05
10 GRAVE	Rond	
7	1	10.1
Meet Onsite - 18" max Orth Dyrths		+ Backs
Do not Days Drangh on letter 54	sten	

HARNETT COUNTY HEALTH DEPARTMENT AU' ORIZATION TO CONSTRI

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # This authorization shall be valid for a period not to exceed five (5) years from the date of issuance.
This authorization will be invalid if ownership, site plans, or intended use change. HAROL TONA I DEAN
Name Telephone #
Address
Property Location SR# Road Name
Subdivision Lot # Bedrooms Proposed Lot size
TYPE OF SYSTEM New Installation [] Repair [] Septic Tank [] Nitrificiation Lines
Conventional Other [] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well Public - Minimum Well Setback: 5 Ft. Septic Tank Pump Chamber
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field Length of lines 500 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 Date