#03-5-6534

HATTETT COUNTY HEALTH DEPART

NT

Nº19954

IN PROVEMENT PERMIT

tion of any building at which a septic tank system is to be used for dis from the Harnett County Health Department."	posal of sewage without first of	obtaining a written permit
Name: (owner) LONNIE HART	New Installation	Septic Tank
Property Location: SR# 1428 Lenny Smath		Nitrification Line
Subdivision Spring Mendon Acres Tax ID #	Lot	#_4_
Tax ID#	Quadrant #	,
Number of Bedrooms Proposed:3	Lot Size:	/
Basement with Plumbing: Garage:]	
Water Supply: Well Public Community		
Distance From Well:ft.		
Following is the minimum specifications for sewage disposal sy	ystem on above captioned p	property. Subject to
/		
Size of tank: Septic Tank: [600] gallons	Pump Tank: gal	
Subsurface No. of 3 exact length of each ditch 115	width of de	epth of
Drainage Field ditches of each ditch //>	ft. ditches ft. di	tches 18-12 in.
French Drain Required: Linear feet		
Date: _	3-4-03	, 10.00
This permit is subject to revocation if site plans or intended use change. Signed:	James & Mary	hantens
plants of intended use change.	Environmental Hea	
	Contracton	1 - 1
	ON SITE,	mor to
Ø,	INSTALLA	tion.
E P		
	\ .	
DRIVE DRIVE	hhl	
TOWE ST		
2 DEDATA	TF	
第一十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二		
I INJUISHI	05	

#03-5-6534

HAKINETT COUNTY HEALTH DEPARAMENT AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit #		
This authorization will be invalid if ownership, site plans, or intended use change.		
RONNER HART 910-893-2453		
Name Telephone#		
Name 13/4 Burnhevel Frum Rd Address		
Property Location SR# Subdivision Lot # Bedrooms Proposed Lot Size		
Property Location SR# Road Name		
Some Markon 4 5 1.114		
Lot # # Bedrooms Proposed Lot Size		
TYPE OF SYSTEM		
[New Installation [] Repair [] Septic Tank [] Nitrification Lines		
[† Conventional [] Other		
[] Basement [] With Plumbing [] Without Plumbing		
Water Supply: [] Well [Public Water Supply Minimum Well Setback: Ft.		
Septic Tank 1000 gd Pump Chamber gol		
NITIRFICATION FIELD SPECIFICATIONS		
Number of fields Z # of lines per field 4 Length of lines 90 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 of Harnett Date		