HARNETT COUNTY HEALTH DEPARTMENT ... 100000

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."

Property Location: SR# 1769 OLD STREE Repairs Nitrification Line Subdivision Lot # 2 Tax ID # Quadrant # Quadrant # Lot Size: 2 O Male Basement with Plumbing: Garage: Garag	Name: (owner) Ton Heart		New Installation Septic Tank
Tax ID #			
Tax ID #			
Number of Bedrooms Proposed: Basement with Plumbing: Water Supply: Well Public Community Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system: Conventional Other Lung to TAT HEATT Lay Width of depth of the ditches of each ditch. Subsurface No. of exact length width of depth of the ditches of ft. ditches ft. ditches ft. ditches ft. ditches ft. This permit is subject to revocation if site plans or intended use change. Date: 3-70-03 Signed: Environmental Health Specialist Townsection to Mek to Death of the plans of the plant of the plans of th	Subdivision		Lot #_ 2
Basement with Plumbing: Water Supply: Well Public Community Distance From Well: Solventional Free Conventional Size of tank: Septic Tank			
Water Supply: Well Public Community Distance From Well: 50 ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system: Conventional Other Function The Table 1200 gallons Subsurface No. of exact length of each ditch of depth of depth of depth of depth of a depth of final parallel ditches of each ditch of the depth of dep	Number of Bedrooms Proposed: _	L	ot Size: 2.01 Acre
Distance From Well:	Basement with Plumbing:	Garage:	
Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system: Conventional Other Functor Intervence of Substitution of Size of tank: Septic Tank: 1200 gallons Pump Tank: 1200 gallons Subsurface No. of exact length width of depth of the ditches of each ditch 140 ft. ditches f	Water Supply: Well	Public	
Type of system: Conventional Other Functor Pump Tank: 1200 gallons Size of tank: Septic Tank: 1200 gallons Pump Tank: 1200 gallons Subsurface No. of exact length of each ditch 140 ft. ditches ft. ditches ft. ditches in. French Drain Required: Linear feet Date: 3-70-03 Signed: This permit is subject to revocation if site plans or intended use change. Date: 3-70-03 Signed: The plans of intended use change for the plans of intended use change. Date: 3-70-03 Signed: The plans of the plans	Distance From Well:50	ft.	
Type of system: Conventional Other Pump to PAT HERZE LAY Size of tank: Septic Tank: 1200 gallons Pump Tank: 1200 gallons Subsurface No. of exact length of each ditch of each ditch of each ditches ft. ditches	final approval		
Size of tank: Septic Tank: 1200 gallons Subsurface No. of exact length width of ditches ft. ditches f	Type of system:	Other Pump	to "PAT FEE 222-LAY
This permit is subject to revocation if site plans or intended use change. Date: 3-70-03 Signed: Single Environmental Health Specialist Contractor TO MEE + ON SITE Prior +s Finshallistor		7	/
This permit is subject to revocation if site plans or intended use change. Date: 3-70-03 Signed: Single Environmental Health Specialist Contractor TO MEE + ON SITE Prior +8 Firstallistor	Subsurface No. of Drainage Field ditches 3	exact length of each ditch _/40_f	width of depth of 6-18 in.
This permit is subject to revocation if site plans or intended use change. Signed: Signed: Signed: Environmental Health Specialist Contractor TO MER + ON SITE Prior +8 Installation	French Drain Required:	Linear feet	
plans or intended use change. Environmental Health Specialist Contractor TO MEE + ON SITE Prior to Tax tax tax tax tax.			
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SR 1769 OID STREE			
	3	SR 1769 011	DSTAGE

HARNE COUNTY HEALTH DEPARTMI AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to cons	by Harnett County Health Department, Improvement Permit #				
authorization shall be valid for a period not to exceed five (5) years from the date of issuance.					
This authorization will be invalid if or	vnership, site plans, or intended use change.				
Tam Heabout	910-658 3128				
Name	Telephone#				
1794 OID STAGE RE	910 -658 3128 Telephone#				
Address	NID STAFE				
Property Location SR#	OID STAGE Road Name				
Subdivision L	ot # # Bedrooms Proposed Lot Size				
	TYPE OF SYSTEM				
[New Installation [] Repair [Septic Tank [Nitrification Lines				
[Conventional [Tother Pump to FEE 727 Uny					
[] Basement [] With Plumbing [] Without Plumbing					
Water Supply: [] Well [] Public Water Supply Minimum Well Setback: Ft.					
Septic Tank 1200 gd Pump Chamber 1200 god					
NITIRFICATION FIELD SPECIFICATIONS					
Number of fields Z # of lines per field 3 Length of lines 140 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.					
O- Sm.	3-70-03				
Signature of Authorized Agent for Harnett County of Harnett Date					