IMPROVEMENT	PERMIT 03.5-6914
Be it ordained by the Harnett County Board of Health as follows tion of any building at which a septic tank system is to be used for disp from the Harnett County Health Department."	s: Section III, Item B. "No Person shall begin construc- posal of sewage without first obtaining a written permit
Name: (owner) Serry Parson	New Installation Septic Tank
Name: (owner) Scr Parson Property Location: SR# 1270	Repairs Nitrification Line
Subdivision DAVICE TAJOR	
Tax ID #	Quadrant #
Number of Bedrooms Proposed: 3(27x56)	Lot Size: 1.00 AC
Basement with Plumbing: Garage:	3
Water Supply: Well Public Community	
Distance From Well: 50 ft.	
Following is the minimum specifications for sewage disposal sy final approval.	stem on above captioned property. Subject to
Type of system: Conventional	
Size of tank: Septic Tank: 1000 gallons P	Pump Tank: gallons
Subsurface No. of exact length of each ditch 400	width of the depth of the ditches from the ditches from the ditches from the ditches from the depth of the ditches from the ditches from the depth of the ditches from the dit
French Drain Required: Linear feet	4 20 02
	4.22-03
This permit is subject to revocation if site plans or intended use change. Signed:	Environmental Health Specialist
301	/Environmental Health Specialist
160 JOECH DECK DECK DECK DECK DECK DECK DECK DECK	Mar 13.
. 2	115' 15' from 70p of Rd D.ten
Mansfield Lane	
Place TANK AWAY from Any Future with homeowner before Initalling septice	e Projects - Installer To consult c Tank. Maintain All Jet Back

Do not DRIVE DRARK ON SYNTEM. Keep drainlines 15' from Top of Road Ditch.

HARNELL COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONSTRUCT

by Harnett County Health Department, Improvement Permit # 20010 . 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.		
Jerry Parson Name	258-3144	
Name	Telephone#	
Address 2 7 0 Property Location SR#		
	Road Name	
Subdivision /A > 15.12	5 3 (27×56) /. 00 Ac 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 / 005 gd Pump Chamber god		
NITIRFICATION FIELD SPECIFICATIONS		
Number of fields # of lines per field Length of lines 400 Ft. Width of ditches ft. Depth of ditches 18 Mark 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.		
Ja Wor	4-22.07	
Signature of Authorized Agent for Harnett	County of Harnett Date	