HARNETT COUNTY HEALTH DEPARTM

IM-ROVEMENT PERMI

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

	unty Health Department."			
Name: (owner)	ame: (owner)		New Installation Septic Tank	
	SR# Neuton Rd oth River Road	Repairs		
Tax ID #		Quadrant #		
Number of Bedroo	oms Proposed: 2 (30x60)	Lot Size: 1.00 1	A C	
Basement with Plu	mbing: Garag	ge:		
Water Supply:	Well Public Comm			
	ll: ft.	•		
Following is the min	nimum specifications for sewage disp	osal system on above caption	ned property. Subject to	
	Conventional			
Size of tank:				
Subsurface Drainage Field	No. of ditches 3 exact length of each ditch			
French Drain Requ	ired: Linear feet			
This parmit is sub	ject to revocation if site	ate: 5-22-03	0.1	
plans or intended	use change.	gned: July	Health Specialist	
	290	Hivironmentar	riealin Specialist	
Op.	VE 45'			
putar pupara	30 x60		150	
JSS	JIS FUTURE DO DRIVE WA			
5743 0 51 Do not	at Plumbing Shallow		+ Backs	

HARNETT COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONSTRUCT

by Harnett County Health Depart	ment, Improvement Permit # 9405. This			
authorization shall be valid for a	period not to exceed five (5) years from the date of issuance. fownership, site plans, or intended use change.			
Ziwda Newton				
Name New 102	893-2242 Telephone#			
	Telephone			
Address				
Newton Rd				
Property Location SR#	Road Name			
Subdivision	Lot # Bedrooms Proposed Lot Size			
	TYPE OF SYSTEM			
. /				
New Installation [] Repair	Septic Tank Nitrification Lines			
Conventional [] Other	Septic Tank Nitrification Lines			
[] Basement [] With Plumbing [] Without Plumbing				
Water Supply: [] Well Public Water Supply Minimum Well Setback: Ft.				
Septic Tank Pump Chamber 901				
NITIRFICATION FIELD SPECIFICATIONS				
Number of fields # of lines per field 3 Length of lines 80 Ft.				
Width of ditchesft. Depth of ditchesinches				
French Drain: Linear feet required Depth of gravel				
No wastewater system shall be cox	vered 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	ent Permit and that a valid Operations Permit has been issued.			
() I / An				
Jr Welly	5.22-57			
Signature of Authorized Agent for Harnett	County of Harnett Date			