HARN COUNTY HEALTH DEPARTMI	Nº 19437
IMPROVEMENT PERMIT	03-5-7307
Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. " tion of any building at which a septic tank system is to be used for disposal of sewage without from the Harnett County Health Department."	No Person shall begin construc- t first obtaining a written permit
Name: (owner) Repairs New Installa Property Location: SR# 1273 Repairs	ation Septic Tank
Property Location: SR# 1273 Repairs	Nitrification Line
Subdivision_ Johnny FAircloth	Lot #
Tax ID # Quadrant #_	
Number of Bedrooms Proposed: $\frac{4(28 \times 80)}{1.09}$ Lot Size: 1.09	AC
Basement with Plumbing: Garage:	
Water Supply:	
Distance From Well:ft.	
Following is the minimum specifications for sewage disposal system on above captic final approval.	
Type of system: Conventional Other	
Size of tank: Septic Tank: gallons Pump Tank:	
Subsurface No. of ditches exact length of each ditch width of ditches of each ditch	depth of 17 in
French Drain Required: Linear feet Date: Linear feet	
This permit is subject to revocation if site	
plans or intended use change. 249 Environmental	l Health Specialist
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HARN COUNTY HEALTH DEPARTM T AUTHORIZATION TO CONSTRUCT

by Harnett County Health Department, Improvement Permit # 19477 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.	
Dun fun Hones Name Telephone#	
Name Telephone#	
Address	
1273	
Property Location SR# Road Name	
Johnstaire oth 4 (28x80) 1.09 Az	
Subdivision 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 1097 gd Pump Chamber gd	
NITIRFICATION FIELD SPECIFICATIONS	
Number of fields # of lines per field Length of lines 645 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.	
(hall) 622-22	
Signature of Authorized Agent for Harnett County of Harnett Date	