HARNTT COUNTY HEALTH DEPARTM

IMPROVEMENT PERMIT (73-5-749)

tion of any building at v		m is to be used for dispos		Person shall begin construc- st obtaining a written permit
Name: (owner)	BARRY Guy	১ ^	New Installation	Septic Tank
Property Location:	SR#_ 1270		Repairs	Nitrification Line
				ot #
Tax ID #			Quadrant #	
Number of Bedroom	is Proposed: 4 (22	8x76) Lot	Size: 1.00 Ac	
Basement with Plum		120		
Water Supply:	Well M Public	,		
Distance From Well:	Well Public ft			
Following is the mini final approval.	mum specifications fo	or sewage disposal syste	em on above captione	d property. Subject to
Type of system:	Conventional	Other Pu	y to Conven	tional
Size of tank:	Septic Tank: 1905	gallons Pur	np Tank: <u>رم</u> ی و	gallons
Subsurface Drainage Field	No. of ditches of	each ditch 545 ft.	width of ditches 3 ft.	depth of 18 max in.
French Drain Requir	ed:	Linear feet		
plans or intended u	se change. Ridge for al La		Environmental Ho	ealth Specialist
		470	/	1
50	,	/ Dite	h /	
1	28 K76	KIK /		3,5
\\ s \\ \\	Mysin &	/ 15		
NOTE That : F	house is Mon	ve forward - (35 y may not De Pe	from front Proper	to Line And 70' from
Maintain &	Allset Dacks	Do not Da	EVE OR PARI	Lon syste systm

HARI __T COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONSTRUCT

by Harnett County Health Department, Improvement Permit # 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.					
1 Mary Caryton 5/9 777-6591					
Name Telephone#					
Address					
Property Location SR# Road Name					
Johnny Faincloth 2 4(28x76) Koad Name					
Subdivision Lot # # Bedrooms Proposed Lot Size					
TYPE OF SYSTEM					
New Installation [] Repair Septic Tank [Nitrification Lines					
New Installation [] Repair Septic Tank [Nitrification Lines [] Conventional Hother Conv.					
[] Basement [] With Plumbing [] Without Plumbing					
Water Supply: [] Well Public Water Supply Minimum Well Setback: Ft.					
Septic Tank /00) god Pump Chamber /000 god					
NITIRFICATION FIELD SPECIFICATIONS					
Number of fields # of lines per field Length of lines Ft.					
Number of fields # of lines per field Length of lines \(\sumset \forall \) 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.					
7-16-03					
Signature of Authorized Agent for Harnett County of Harnett Date					