HARTT COUNTY HEALTH DEPARTM

**03-5-7493≀* No 19319

IN ROVEMENT 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." New Installation Septic Tank Name: (owner) Paul A Lynn Property Location: SR# 1510 Matt Mell 700 RD Repairs Nitrification Line Subdivision Canolana Estates Lot # 21 _____ Quadrant # _____ Number of Bedrooms Proposed: 4 Lot Size: 2.22 ***** Basement with Plumbing: Garage: Public ☐ Community Distance From Well: ________ft Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional Other Ett-272 Uny Two 5-55-31 Type of system: Septic Tank: 1200 gallons Pump Tank: _____ gallons Size of tank: No. of ditches 1 exact length width of depth of ditches 3 ft. ditches 3 in. Subsurface Drainage Field French Drain Required: _____ Linear feet Date: 8-6-63 Signed: Signed: Environmental Health Specialist This permit is subject to revocation if site plans or intended use change. * OWNER TAKE NOTE OF LAYOUT And HOME POSTLEON. MENDE

HARN__ I COUNTY HEALTH DEPARTM__, I AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 19319. 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.
Paul A Lynn Name 919-639-3845 Telephone#
Telephone#
44 BtH LANE F.V. N.C. 27526 Address
75/6 Property Location SR# Road Name 75/6
CARO/ENA ESTATES 21 4 7.22 mere Subdivision Lot # # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
[New Installation [] Repair [Septic Tank [Nitrification Lines
[Conventional [Other TWUS-58-31
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well [] Public Water Supply Minimum Well Setback: Ft.
Septic Tank /700 Pump Chamber
NITIRFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field/ Length of lines Ft.
Width of ditches ft. Depth of ditches ft. Depth of ditches ft.
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.
Signature of Authorized Agent for Harnett County of Harnett Date