COUNTY HEALTH DEPARTMI

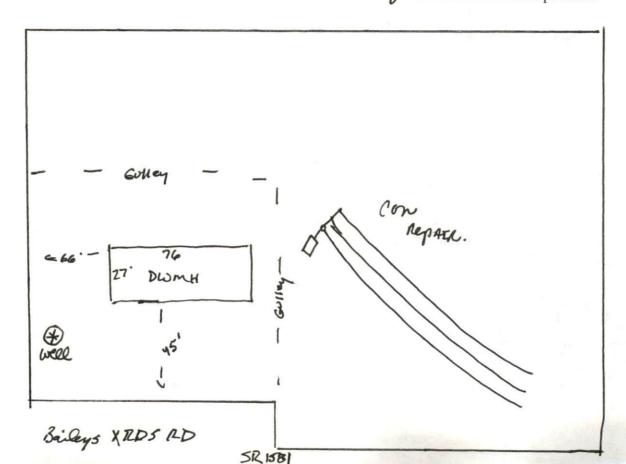
IMPROVEMENT PERMIT

20952

HTE 04-5- 9880 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) Randy Cardle Property Location: SR# 1581 Bailey Crossiands RD Repairs Nitrification Line _____Lot # _____ Quadrant # ____ Subdivision GARRY T Celey ____ Lot # ___ **Z** Tax ID # Lot Size: Z.OZ sece Number of Bedrooms Proposed: Basement with Plumbing: Garage: Public Well Water Supply: Community Distance From Well: 50' ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional Other Other Type of system: Size of tank: Septic Tank: 1200 gallons Pump Tank: gallons Subsurface No. of exact length width of depth of ditches 3 of each ditch 100 ft. Drainage Field ditches 3 ft. ditches 22-18 in. French Drain Required: - Linear feet Date: 7-23-64

This permit is subject to revocation if site plans or intended use change.

Signed: _______ Emvironmental Health Specialist



HARNETT CCT TITY DEPARTMENT OF PUB. HEALTH AUT___RIZATION TO CONSTRUCT

Harnett County Department of Public Health, Improvement Permit # 2095 Z. 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.
Name 510-852-4405 Telephone #
2306 Breley 5 X RD RD Coats P.C. 27521
Property Location SR# Road Name Road Name
Subdivision Celey 2 4 7.02 ner Subdivision Lot # Bedrooms Proposed Lot Size
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 Tankgal Pump Chambergal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field 3 Length of lines 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
Trained 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.
2
Signature of Authorized Agent for Harnett County Date
Date