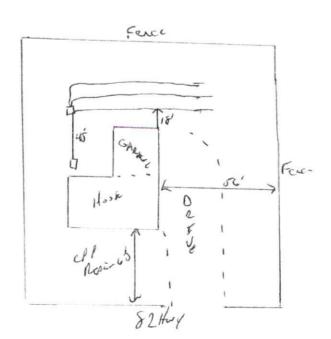
HTE 03-5-6972l

HARNETT COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SECTION

16860

OPERATIONS PERMIT

Name: (owner) Tracy Ham. How	New Installation Septic Tank
Property Location: SR#	_ 🗖 Repairs 💆 Nitrification Line
Subdivision	Lot #
Tax ID #	
Contractor: Hal Brown	Registration #
Basement with Plumbing: Garage: Garage:	
Water Supply:	
Distance From Well:ft.	
Following are the specifications for the sewage disposal system	n on above captioned property.
Type of system: Conventional Other	
Size of tank: Septic Tank: 1006 gallons Pum	p Tank:gallons
Subsurface No. of exact length of each ditchft.	width of depth of ditches 1 ditches 1 in.
French Drain Required:Linear feet	/ /
Date	5/8/201
	ected by: / Sun Melin l.
PERMIT NO. /9377	Environmental Health Specialist



HARNETT COUNTY HEALTH DEPARTMENT

№ 19373

IMPROVEMENT PERMIT

Name: (owner) Tracy Havi Have	New Installation	Septic Tank
Property Location: SR# 72		Nitrification Line
Subdivision		: #
Tax ID #		
Number of Bedrooms Proposed:	Lot Size: .67 Ac	
Basement with Plumbing: Garage:		
Water Supply: Well Public Communi	ity	
Distance From Well:ft.		
Following is the minimum specifications for sewage disposal final approval.	system on above captioned	property. Subject to
Type of system: Conventional Other		7
Size of tank: Septic Tank: _/Oo_ gallons	Pump Tank: ga	llons
Subsurface No. of exact length of each ditch ///	width of do	epth of itches 12 in.MAX
French Drain Required: Linear feet	1 1	6 m of cover
Date:	d: Buy Mywin R Environmental Hea	
This permit is subject to revocation if site Signed	d: Buyon Mywin R	S.
plans or intended use change.	Environmental Hea	alth Specialist
2 /	11 81	
* Maintain all retlacks	29	
* Read it ches an contain 30		
* Ditche to be NO DEEPER		
the Birche 81	8	
than 12 inches	lion -	
* 6 inche of cover regural		
	201	
63 X48	1 1	
230.		
·		
Gorge	10	
33° X2.6		

HARNETT COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONSTRUCT

by Harnett County Health Department, Improvement Permit #			
Name Tracy Han. Hor. Name Telephone# Address Property Location SR# Road Name			
Address Address			
Property Location SR# Road Name			
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 /000 gd Pump Chamber god			
NITIRFICATION FIELD SPECIFICATIONS			
Number of fields/ # of lines per field Length of lines//5Ft.			
Width of ditches 3 ft. Depth of ditches 12 inches MA			
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.	87		
Signature of Authorized Agent for Hornatt Country of W	1861		
Signature of Authorized Agent for Harnett County of Harnett Date			