HARNI

COUNTY HEALTH DEPARTME

Nº 18833

IMPROVEMENT 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." Name: (owner) Kenny STENANT New Installation Septic Tank SR# 1516 Sheriff Tohuson - Repairs Nitrification Line Property Location: ____ Lot #____ Subdivision ____ _____ Quadrant # ____ Tax ID # Number of Bedrooms Proposed: 3 Lot Size: Z.58 Basement with Plumbing: Garage: Water Supply: Public ☐ Community Distance From Well: ____ Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. SOther Purp to Conventione Conventional Type of system: Septic Tank: 1000 gallons Pump Tank: 1000 gallons Size of tank: sexact length of each ditch 25 ft. width of depth of ditches 18 Subsurface No. of ditches_ Drainage Field Linear feet French Drain Required: Signed: Environmental Health Specialist This permit is subject to revocation if site plans or intended use change. 4

IT COUNTY HEALTH DEPART HAF **AUTHORIZATION TO CONSTRUCT**

Authorization is hereby given to construct a wastewater system to the specifications describy Harnett County Health Department, Improvement Permit #/ 8835 authorization shall be valid for a period not to exceed five (5) years from the date of issua This authorization will be invalid if ownership, site plans, or intended use change.	This
Name STENART 916-873-845 Name Telephone# 7.0, Box 884 Buis Creek N.C. 77506 Address	7
Property Location SR# Sheriff Tohors Road Status 3 7.58	500
Subdivision Lot # # Bedrooms Proposed Lot Size	
Water Supply: [Well Public Water Supply Minimum Well Setback: Septic Tank 1000 901 System NITIRFICATION FIELD SPECIFICATIONS Constitutions	Re VISI
Number of fields # of lines per field Length of lines Ft. Width of ditches # of lines per field Length of lines Ft. Width of ditches # of lines per field Ft. Ft. The second in the second i	
No wastewater system shall be covered or placed into use by any person until an inspection by Harnett County Health Department has determined that the system has been installed according the conditions of the Improvement Permit and that a valid Operations Permit has been issued.	g to d.
Signature of Authorized Agent for Harnett County of Harnett Date	03

HARN [COUNTY HEALTH DEPARTM]

IMPROVEMENT PERMI'I

№ 18843

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

fr	om the Harnett County Health Department."		,
N	Jame: (owner) KENNY STEWART	New Installation	Septic Tank
Pı	roperty Location: SR# 1516 Shexiff Tohuson	Repairs	Nitrification Line
Si	ubdivision	Lot #	
Ta	ax ID #	Quadrant #	
N	Tumber of Bedrooms Proposed:	Lot Size: 2.58 Ac	ne
В	asement with Plumbing: Garage:	1	
W	Vater Supply: Well Public Community		
D	ristance From Well: ft.		
fin Ty	ollowing is the minimum specifications for sewage disposal synal approval. sype of system: Conventional Other ize of tank: Septic Tank: 1000 gallons		
Sı	ubsurface No. of exact length of each ditch 100		
Fr	rench Drain Required: Linear feet		
	his permit is subject to revocation if site signed: Signed:	Environmental Heat Replaces Outgra	harters.
SR ISIG Sheriff tohusan	Part When Shallow Repairs	Jump town of the point	

#03-5-728812

HARN F COUNTY HEALTH DEPARTN TO 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.				
Name 910-893-8451 P.O. BOX 884 Bries Creek N.C. 77506 Address				
P.O. Box 884 Bries Creek N.C. 77506 Address				
Property Location SR# Sheriff Johnson Road Name				
5 2.58				
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 1000 gd Pump Chamber god				
NITIRFICATION FIELD SPECIFICATIONS				
Number of fields 2 # of lines per field 4 Length of lines 100 Ft.				
Width of ditchesft. Depth of ditchesinches				
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				