Nº 11841

OPERATIONS PERMIT

Name: (owner)	Reginald D. Cox	New Installation	Septic Tank
Property Location:	1215		Nitrification Li
	Subdivision	Ω	_
^	TAX ID#		
Contractor: Local	y Sharpe	Registration #	
Basement with Plun	nbing: Garage:		
Water Supply:	Well Public Community		
Distance From Well	:ft.		
Following are the s	specifications for the sewage disposal sys	stem on above captione	ed property.
Type of system:	Conventional Other		-
Size of tank:	Septic Tank: 1000 gallons Pt	ımp Tank: ga	llons
Subsurface Drainage Field	No. of ditches exact length of each ditch 75 f	width of d	epth of
	Linear feet	t. ditches it. u	itelies <u>s</u> III.
Trenen Dram.	Date:		
PERMIT NO. 19		1 1	.25
PERMIT NO	Inspected		Health Specialist
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HARNETT COUNTY HEALTH DEPARTMENT

Nº 14033

IN ROVEMENT PERM

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 egina Septic Tank Name: (owner) asse P. Handld - Repairs ☐ Nitrification Line Property Location: SR#_ Lot# Subdivision Tax ID #__ _____ Quadrant # _____ Lot Size: 1.31 A Number of Bedrooms Proposed: Basement with Plumbing: Garage: Public Water Supply: Community Distance From Well: 50 % of Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system: Conventional Other ____ Septic Tank: 1000 gallons Pump Tank: _____ gallons Size of tank: Subsurface No. of exact length of each ditch 75 ft. width of depth of ditches ft. ditches in. Drainage Field ditches French Drain Required: _____ Linear feet Date: _ This permit is subject to revocation if site Signed: _ plans or intended use change. Environmental Health Specialist * Minton all required set books * Oriewy should be 20-12 ft max. 3 Dr MH

HARNETT COUNTY HEALTH DEPARTMENT AU TORIZATION TO CC STRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 14033 . 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.

Owner or Authorized Agent
Name: Reginald D. Cox Telephone # 919-258-603
Address: P.O. Box 181 Broadway WC 27505
Property Location: SR # 1215 Road Name Ross P. H. No.
New Installation Repair Septic Tank Nitrification Lines
SubdivisionLot #
Number of Bedrooms Proposed: Lot size:
Basement With Plumbing Without Plumbing
Water Supply: Well Public Minimum Well Setback: 50 ft.
Type of System: Conventional Other
Tank Volume: Septic Tank / OC gallons Pump Chamber gallons
Nitrification Field Specifications
Number of fields Number of Lines per Field Length of lines \
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.
Authorized Agent for Harnett County Health Department Name:

(Revised 2/96)CNSTRCT.WPD