HARNETT UNTY HEALTH DEPARTMENT

10 19095

IMPROVEMENT PERMIT () 2-5-4594 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) Scottic Tettes Van Hook New Installation Septic Tank SR# Property Location: Repairs Nitrification Line Subdivision Brande All \_\_\_\_\_\_ Quadrant # \_\_\_\_ Tax ID #\_\_\_\_\_ Number of Bedrooms Proposed: Cx > 4 Lot Size: 23 318 54 Garage: Home Is Being would as A grove.

Community Home - There is an Increase In Basement with Plumbing: Water Supply: ☐ Well ☐ Public 55 ft. esta flow rate = 700 sal/day Distance From Well: \_\_ Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system: Conventional Other \_\_\_\_ Septic Tank: \_\_\_\_\_ gallons Pump Tank: \_\_\_\_\_ gallons Size of tank: No. of ditches 2 exact length of each ditch 15 ft. ditches 3 ft. depth of ditches 3 in. Subsurface Drainage Field French Drain Required: \_\_\_\_\_ Linear feet This permit is subject to revocation if site plans or intended use change. Environmental Health Specialist 235 Sec Parit # 15417 Set 12277 30 lave 60 31 Ill RyAIN Anexa M Add 3 Lines 75 Each At 34" Dryp. MUST Meet ansite Before Maintain All sit Banki
The Filter is Not on Tank Filtra & River mut Be Placed on TANK

## NETT COUNTY HEALTH DEPARTMI AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specificat Harnett County Health Department, Improvement Permit # 17095	ions described by
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.	
Scother Je Rang Van Hook 494-7  Name V.J. Bon 655 Lillyfon NC 21 Lanexa Lanc 3 prin	682
Name Telephone	#
10. 93 (63) Collyton NC & LANexa Lanc Sprin	y lah. Ne
Address	
Property Location SR#  Poad Name	
Road Ivaline	
Subdivision Lot # Bedrooms Proposed	23, 31854 P
TYPE OF SYSTEM	201 5120
New Installation [ ] Repair [ ] Septic Tank Nitrification Lines	
Conventional Other	
[ ] Basement [ ] With Plumbing [ ] Without Plumbing	
Water Supply: [ ] Well [ ] Public - Minimum Well Setback:Ft.	
NITRIFICATION FIELD SPECIFICATIONS	
Number of fields # of lines per field Length of lines F	t.
3 M76	
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 p	
inspection by the Harnett County Health Department has determined	erson until an
has been installed according to the conditions of the Improvement P	ermit and that a
valid Operations Permit has been issued.	and mat a
Jahn 5/7-02	
Signature of Authorized Agent for Harnett County Date	