COUNTY HEALTH DEPARTME

OVEMENT PERMIT

No18130

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." Septic Tank New Installation Name: (owner) Property Location: SR# Repairs Nitrification Line Subdivision Tax ID #\_ Ouadrant # -Lot Size: 150' X272' Number of Bedrooms Proposed: Basement with Plumbing: Garage: Water Supply: ☐ Well Public Community Distance From Well: \_ Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional Type of system: Other \_ Septic Tank: 1250 gallons Size of tank: Pump Tank: \_\_\_\_\_ gallons Subsurface depth of 24 exact length \$ width of of each ditch Drainage Field ditches\_ ft. ditches\_ French Drain Required: \_\_\_\_\_ Linear feet Date: This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist 4H2D line has been installed prior to A maintain setbacks. A suptem laid out 28×80 5BR

## AU' ORIZATION TO COLL TRUCT

Owner or Authorized Agent
Name: Joseph White Telephone # 487-397
Address: 1144 Patrick Drive Fayettaille NC
Property Location: SR # /// Road Name Marks
New Installation
Subdivision Rouse Rouse Lot # 8
Number of Bedrooms Proposed: FIVE 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 1250 gallons Pump Chamber gallons
Number of fields Number of Lines per Field Length of lines Sfleet  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: