HAR'T COUNTY HEALTH DEPARTM

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." New Installation Septic Tank Name: (owner) Property Location: SR#_ Nitrification Line Repairs Subdivision (America) __ Lot #__ Tax ID #_ Ouadrant #_ Number of Bedrooms Proposed: Lot Size: Basement with Plumbing: Garage: Water Supply: Well Public Community Distance From Well: _____ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system: Conventional Other_ Size of tank: Septic Tank: gallons Pump Tank: _____ gallons width of Subsurface No. of exact length Drainage Field ditches of each ditch ft. ditches_ _ft. ditches French Drain Required: __ Linear feet This permit is subject to revocation if site Signed: _ plans or intended use change. Environmental Health Specialist DRIVEWAY 28x56 3BRMH FENCE 50' 100 551 113 STUB Out Plumbing Shallow 18 to 30 Oth Darths Maintain All set Backs their system 50' from bells & keep system 20' from the fence In -

AUT... JRIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # $\frac{10783}{1000}$. 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:	Telephone # 499-2695
Address:	
Property Location: SR #	Road Name
New Installation Repair Septic Tank Nitrification Lines	
Subdivision Caman (+11) Acres	
Number of Bedrooms Proposed: 3(28x54	Lot size:, Y G M
Basement With Plumbing	Without Plumbing
Water Supply: Well Public	
Type of System: Conventional Other	
Tank Volume: Septic Tank / 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 County Health Dep	Date:
(Revised 2/96)CNSTRCT.WPD	