HARNETT COUNTY HEALTH DEPARTME

No 16793

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# Repairs Nitrification Line April 0 Subdivision Lot # Tax ID #\_ Quadrant # -Number of Bedrooms Proposed: \_ Lot Size: 0 /0 NOTE Change In House Basement with Plumbing: Garage: location - more house Back Water Supply: ☐ Well ☐ Public ☐ Community Distance From Well: 90 From Front Property Line Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. ump to Conventional Type of system: Conventional Other\_ Pump Tank: 1000 gallons Size of tank: Septic Tank: \_ gallons Subsurface No. of exact length width of depth of Drainage Field ditches\_ of each ditch ft. 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 588. 10 121 112 Keep Tonks 50 from my Surface 24

15' From Top of Road Dach Broke Ditch Dyrchi Maintain All set Backs not pair or part onsystem

## HAPNETT COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 14793, 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 \_ // Inc Grove Oev. Name: \_\_\_\_\_\_ Telephone # 498-220 4 Property Location: SR # \_\_\_\_\_ Road Name \_\_\_\_\_ New Installation \_\_\_\_\_ Repair \_\_\_\_ Septic Tank \_\_\_\_ Nitrification Lines \_\_\_\_ Subdivision Fam Five Ponds Lot # 2 Number of Bedrooms Proposed: 3(27)76) Lot size: 570AC Basement \_\_\_\_\_ With Plumbing \_\_\_\_ Without Plumbing \_\_\_\_ Water Supply: Well \_\_\_\_\_ Public \_\_\_\_\_ Minimum Well Setback: \_\_\_\_\_ ft. Type of System: Conventional \_\_\_\_\_ Other \_\_\_\_ Tank Volume: Septic Tank D gallons Pump Chamber D 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 1) Date: 1/-2800.

(Revised 2/96) CNSTRCT.WPD