## HARNETT COUNTY HEALTH DEPARTMENT

## IMPROVEMENT PERMIT

Nº17010

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." Mew Installation Septic Tank Property Location: ☐ Repairs Nitrification Line Subdivision 1 home \_\_\_\_\_ Lot # Tax ID #\_\_\_\_ — Quadrant # — 24 x 70) Lot Size: 2.0 AC Number of Bedrooms Proposed: \_\_\_\_\_( Basement with Plumbing: Garage: Water Supply: ☐ Well ☐ Public ☐ Community house locat. 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: 1000 gallons Pump Tank: \_\_\_\_\_ gallons Size of tank: No. of ditches exact length of each ditch ft. width of the ditches ft. ditches ft. ditches ft. ditches ft. Subsurface Drainage Field French Drain Required: \_\_\_\_\_ Linear feet Date: 12:20 - 2000 This permit is subject to revocation if site Signed: \_\_\_\_ plans or intended use change. Environmental Health Specialist Med ons. & Br Final Lago-t 18 Max Ditch Opths - Follow Sontons Maintain All SciBacks - Os not Drive of 24x70 4BR

## HARNETT COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONS. RUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 17010	
Owner or Authorized Agent Thomas Claskson	
Name:	Telephone # 498-9117
Address:	
Property Location: SR# 1220	Road Name Shara M
New Installation  Repair  Septic Tank  Nitrification Lines  Subdivision  Lot #  Number of Bedrooms Proposed: \( \( \frac{24x70}{24x70} \)  Lot size: \( \frac{2}{2} \frac{2}{2} \frac{2}{2} \)	
Subdivision Thomb Clarks	Lot #
Number of Bedrooms Proposed: $4(24170)$	Lot size: 2.0 pc
Basement With Plumbing	Without Plumbing
Water Supply: Well Public	Minimum Well Setback:
Type of System: Conventional Other _	
Tank Volume: Septic Tank 1993 gallons	Pump Chamber gallons
Nitrification Field Specifications	
Number of fields Number of Lines per Fie	ld _ Length of lines DO
Width of ditchesft. Depth of ditchesinches	
French Drain: Linear feet required	
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.	
Name: Date: Date:	
(Revised 2/96)CNSTRCT.WPD	



