HARNETT COUNTY HEALTH DEPARTMENT

I.... PROVEMENT PERMIT 01-5-1195

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." Mr (Score Name: (owner) Dev. New Installation Septic Tank Property Location: SR#_____ ☐ Repairs Nitrification Line Armhoux Subdivision Tax ID #___ _____ Ouadrant # ____ _Lot Size: . 58 Ac Number of Bedrooms Proposed: 3 Basement with Plumbing: Garage: Water Supply: Public ☐ Community Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Dother Pump To Conv. Type of system: ☐ Conventional Septic Tank: 1000 gallons Size of tank: Pump Tank: /000 gallons width of Subsurface No. of exact length depth of 18 MAX in. of each ditch 80 ft. ditches Drainage Field ditches French Drain Required: _____ Linear feet Date: 02-08-01 Signed: 4r WAN This permit is subject to revocation if site plans or intended use change. Environmental Health Specialist 49 DRIVE Meet on site 299 STUB OUT Plumbing shallow Maintain All Sit Bako Do not Daive on prah on syste

H. ETT COUNTY HEALTH DEPAI ENT AUTHORIZATION TO CONSIRUCT

by Harnett County Health Department Improvement Permit # 17604 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 Pinc Grave Dev. Comp
Name: Telephone # 498-220\
Address:
Property Location: SR# Road Name
New Installation Repair Septic Tank Nitrification Lines
Subdivision FARMO 5 Ronds Lot # 43
Number of Bedrooms Proposed: 3(27×76) Lot size:
Basement With Plumbing Without Plumbing
Water Supply: Well Public Minimum Well Setback: ft.
Type of System: Conventional Other
Tank Volume: Septic Tank 1000 gallons Pump Chamber 1000 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
Name:
(Revised 2/96)cristret web