## HARNF COUNTY HEALTH DEPARTME

IMPROVEMENT PERMIT

Nº 18722 5- 3238

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) SR# N( Property Location: ☐ Repairs Nitrification Line Kurton Subdivision Lot# 2 Tax ID # \_\_\_\_\_ Ouadrant # \_\_\_\_\_ Lot Size: \$86 Ac Number of Bedrooms Proposed: Basement with Plumbing: Garage: Water Supply: ☐ Well Public Public Community Distance From Well: \_ Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system: Conventional Other\_ Septic Tank: 1003 gallons Size of tank: Pump Tank: \_\_\_\_\_ gallons Subsurface No. of exact length of each ditch 300 ft. ditches ft. depth of ditches depth of Drainage Field ditches French Drain Required: Linear feet 181 Date: 02-21-02 This permit is subject to revocation if site Gr WWS Environmental Health Specialist Signed: \_\_\_\_ plans or intended use change. Jump Report 886 38,44 WH Dave 1001 TRUM 50 TONE 24/27 EAX ment SAB Out Plumbing Shallow Maintain All sit Backs -19" max Ditch Opths - Do not DRIVE Dapark on Septic system

## ARNETT COUNTY HEALTH DEPART AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # ()/- 5- 3237 . 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.
Crystal Foly 499-0687
Name Telephone #
Address  \[ \lambda \lambda \forall \lambda \forall \lambda \lambda \forall \f
Property Location SR# Road Name
Property Location SR#  Road Name  3 (28 x 44) \$6 A (
Subdivision Lot # # Bedrooms Proposed Lot size
TYPE OF SYSTEM
New Installation [ ] Repair   Septic Tank   Nitrification Lines
/
Conventional Other
[ ] Basement [ ] With Plumbing [ ] Without Plumbing
Water Supply: [ ] Well   Public - Minimum Well Setback:Ft.
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field Length of lines Ft.
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.
Or WM1 02-21-02

Date

Signature of Authorized Agent for Harnett County