HAR T COUNTY HEALTH DEPARTN

IMPROVEMENT PERMI

2-54104 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 Subdivision Tax ID #\_ \_\_\_\_\_ Ouadrant # \_\_\_ Number of Bedrooms Proposed: 2 (14 x 6 4 Basement with Plumbing: Garage: Water Supply: Well Public Community Distance From Well: 5 /00 ft Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system: Conventional Other Septic Tank: 1000 gallons Size of tank: Pump Tank: \_\_\_\_\_ gallons width of 3 depth of 8 in. Subsurface exact length 9 Drainage Field of each ditch ditches\_ French Drain Required: \_\_\_\_\_ Linear feet This permit is subject to revocation if site plans or intended use change. Environmental Health Specialist TROA BR 100 Meet Onsite Before Installing Maintain All set Oack Do not Dave on pack on system

## ARNETT COUNTY HEALTH DEPART IT AUTHORIZATION TO CONST CT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit #	
Name	919-774-6262(W) Telephone #
Address	
1215	
Property Location SR#	Road Name
	# Bedrooms Proposed Lot size
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: Do Ft.	
<u>NITRIFICATION FIE</u>	LD 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.	

Signature of Authorized Agent for Harnett County