## HAR ET COUNTY HEALTH DEPARTA

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# Nitrification Line Repairs Subdivision Tax ID #\_ \_\_\_\_\_ Ouadrant # \_\_ Number of Bedrooms Proposed: Basement with Plumbing: Garage: Public Community Distance From Well: \_\_\_\_\_\_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: gallons Size of tank: Pump Tank: \_\_\_\_\_ gallons Subsurface exact length width of depth of 8 4 in. Drainage Field ditches French Drain Required: \_\_\_\_\_ Linear feet This permit is subject to revocation if site plans or intended use change. Environmental Health Specialist 22

## ETT COUNTY HEALTH DEPARTMEN AUTHORIZATION TO CONSTRUCT

| Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 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. |              |
|--|--------------|
| Pin Grave Dev.   | 498-2204     |
| Name   | Telephone #  |
|  |              |
| Address Property Location SR#  |              |
| FOR SEL )   NO 1 NO 2  | Road Name    |
| EARLOS L. Subdivision Lot # Bedroom  | DXJY) 3447n1 |
| •  | Lot size     |
| TYPE OF SYSTEM   |              |
| New Installation [ ] Repair Septic Tank Nitrification Lines  |              |
| X (Comments on LOS)  |              |
| 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.   |              |
| Signature of Authorized Agent for Harnett County   |              |
| - British of August 1200 Agont for Harriett Country  | Date         |