HARNE'

COUNTY HEALTH DEPARTMEN

No 19469

IMPROVEMENT PERMIT

22-5-4890

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 ___ Lot# Tax ID #__ _____ Ouadrant # -Lot Size: 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: 1000 gallons Pump Tank: _____ gallons Size of tank: width of 3 Subsurface exact length width of of each ditch of ft. ditches depth of Drainage Field ditches ft. ditches French Drain Required: -_____Linear feet TRANT CECIN TRU Date: This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist 90' 100 28×76 4BRMH 45 Ildo STUD of Plunding shallow - 18to 24" Ditil Dorty Maintan All set Backs - & Do not DRIVE OR PARK on Septic system

TETT COUNTY HEALTH DEPARTME AU__ORIZATION TO CONSTRU_.

Authorization is hereby given to construct a wastewater system to the specifications described by
Harnett County Health Department, Improvement Permit # 9469. 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.
Name 13ebora Ring Telephone #
Telephone #
Address 1/7
Property Location SR# Road Name
1 4(28×76) .88 Ac
Subdivision Lot # # Bedrooms Proposed Lot size
TYPE_OF SYSTEM
TITE OF SISIEM
New Installation [] Repair Septic Tank Nitrificiation Lines
Conventional Other [] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well Public - Minimum Well Setback: 50 Ft. Septic Tank Pump Chamber
NITRIFICATION FIELD SPECIFICATIONS
THE PROPERTY OF THE PROPERTY O
Number of fields # of lines per field Length of lines Ft.
3 b 1
Width of ditches ft. Depth of ditches inches
width of differesit. Depth of differes menes
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.
(111401)
Jos Color
Signature of Authorized Agent for Harnett County Date