COUNTY HEALTH DEPARTME

IMPROVEMENT PERMIT

No 19482

12-5-4918 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." Whora SAndrai New Installation Septic Tank Name: (owner) Property Location: SR# Repairs Nitrification Line Plantation Subdivision Tax ID #___ _____ Ouadrant # __ Number of Bedrooms Proposed: 2 (14x60) ___ Lot Size: 10.55 nc Basement with Plumbing: Garage: Water Supply: Well 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 ____ Pump Tank: _____ gallons Size of tank: Septic Tank: ______ gallons No. of ditches exact length of each ditch 400 ft, ditches width of Subsurface depth of Drainage Field _ft, ditches_ French Drain Required: _____ Linear feet This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist 147 14 x 600 261 Mount VITA DR 755R Knip Will site los from septie system - maintain All set Back.

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H ETT COUNTY HEALTH DEPARTME AU I DORIZATION TO CONSTRUCT

Harnett County Health Department, Improvement Permit # 19482 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. Sander		vastewater system to the specifications described by
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Water Supply: Well Public - Minimum Well Setback: Ft. Ft. Septic Tank Pump Chamber 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.	IIFE	OF SISIEM
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(la LAM) 7-5-02		
Signature of Authorized Agent for Harnett County Date	valid Operations	Permit has been issued.
Signature of Authorized Agent for Harnett County Date	(/2 L DV/	7.5-02
	Signature of Authorized Agent for Harnett County	Date