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# ☐ Repairs Nitrification Line Subdivision Walker ____ Lot #_ Tax ID #__ Quadrant # Number of Bedrooms Proposed: __/(Basement with Plumbing: Garage: Water Supply: ☐ Community ☐ Well Public Public 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 oo gallons Size of tank: Septic Tank: Pump Tank: _____ gallons Subsurface exact length width of depth of Drainage Field ditches_ of each ditch ft. ditches ft. ditches_ French Drain Required: _____ Linear feet This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist 12" Onsite Before Installing - MAY UR 1 Line 400 Long

HAPNETT COUNTY HEALTH DEPARTMENT AU1_DRIZATION TO CON RUCT

by Harnett County Health De shall be valid for a period not	partment Improver to exceed five (5) ye	nent Permit #	. This authorization
will be invalid if ownership, si	1	- Doyned	
Name:		Telephone #	893-6775
Address:			
		Road Name	
New Installation	Repair Se	eptic Tank Nitrification	on Lines <u></u>
Subdivision Walker	Est.	Lot #	3
Number of Bedrooms Proposed	1: 4(28×80)	Lot size: 1, 75 AC	
Basement With Pl	umbing	Without Plumbing	
Water Supply: Well	_ Public	Minimum Well Setback:	ft.
Type of System: Conventional	Other		
Tank Volume: Septic Tank 🖊	000 gallons	Pump Chamber	gallons
Nitrification Field Specifications			
Number of fields Num	nber of Lines per F	ield Length of lines _	100
Width of ditches ft. Depth of ditches inches			
French Drain: Linear feet required Depth of gravel			
Iarnett County Health Departs	nent has determine	to use by any person until an dithat the system has been ins	talled according to
he conditions of the improvement	ent permit and that	a valid operations permit has	been issued.
luthorized Agent for Harnett C	County Health Depa	Date:	21
Revised 2/96) ONSTRUT. WPD	2		