T COUNTY HEALTH DEPARTM HARM

IMPROVEMENT PERMIT

No 19498

3-5-5114 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 Refdom Name: (owner) Property Location: SR#_ ☐ Repairs Nitrification Line Subdivision Lot# Tax ID #_ Ouadrant # Number of Bedrooms Proposed: 3(28 x 56) Lot Size: 1.20 Ac NOTE This is how the home Basement with Plumbing: Garage: IS STAKED ON The lat 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 Septic Tank: 1000 gallons Size of tank: Pump Tank: _____ gallons exact length of each ditch ft. width of depth of ditches ft. ditches Subsurface No. of depth of Drainage Field ditches French Drain Required: _____ Linear feet Signed: This permit is subject to revocation if site plans or intended use change. Environmental Health Specialist Meet DAINTE Before Installing Fival Lagort may change 18" Oitch Opths maintain all set Back DO not DRIVE OR PARK on Septic system 301 28×54 MH 300

HAI FT COUNTY HEALTH DEPARTMEN AUT... RIZATION TO CONSTRUCT

Harnett County Hea authorization shall b	eby given to construct a wast alth Department, Improveme be valid for a period not to ex	ent Permit # 17478 sceed five (5) years from the	. This date of issuance.
Freedom f	ill be invalid if ownership, site		
Name	Opar	Telepho	6-5959 me#
Address / A 1)			
Property Location SR#		Road Na	ame
Subdivision /-	Ical S	3(28×56)	1.20AC
Subdivision	Lot #	# Bedrooms Proposed	Lot size
TYPE OF SYSTEM			
[/] Conventional Othe	Repair Septic Tank	ment []With Plumbing [] W	Vithout Plumbing
Water Supply: Well Public - Minimum Well Setback: 5 Ft. Septic Tank Pump Chamber			
		ELD SPECIFICATIONS (L2)	
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	
inspection by the	system shall be covered Harnett County Health I d according to the condit valid Operations Per	Department has determi	ned that the system
Signature of Authorized A	gent for Harnett County	7-24-02 Date	
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