HARNETT COUNTY HEALTH DEPARTMENT

IN. ROVEMENT PERMI.

Nº 12529 03-5-5213

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) Ase Repairs Nitrification Line Property Location: Subdivision Tax ID #_ _____ Ouadrant # ___ Lot Size: 18,013 55 1 Number of Bedrooms Proposed: _ Basement with Plumbing: Garage: Water Supply: ☐ Well Public Public ☐ Community Distance From Well: 50 min ft Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Other Lung to Convi Septic Tank: (35) gallons Pump Tank: 1000 gallons Size of tank: No. of ditches 3 exact length width of depth of ditches ft. ditches ft. ditches ft. ditches ft. ditches Subsurface Drainage Field French Drain Required: _____ Linear feet This permit is subject to revocation if site plans or intended use change. Environmental Health Specialist WON

HARNETT COUNTY HEALTH DEPARTMENT AUTORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 12529 . 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. Owner or Authorized Agent CAROSICI CORD Name: _____ Telephone # _____ Property Location: SR # HWY 24 Road Name _____ New Installation Repair Septic Tank Nitrification Lines Subdivision Heritage Village Lot# 6-16 Basement _____ With Plumbing _____ Without Plumbing _____ Water Supply: Well _____ Public ____ Minimum Well Setback: _____ ft. Type of System: Conventional _____ Other ____ Tank Volume: Septic Tank /000 gallons Pump Chamber /000 gallons **Nitrification Field Specifications** Number of fields _____ Number of Lines per Field ____ Length of lines _____ Width of ditches $\frac{3}{18-24}$ 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. Authorized Agent for Harnett County Health Department Name: (Revised 2/96)CNSTRCT.WPD Date: (Revised 2/96)CNSTRCT.WPD Date: (Revised 2/96)CNSTRCT.WPD (Revised 2