-03-5-5359

## HARM TT COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT

Nº 19702

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) \_\ SR#2069 Property Location: Nitrification Line ☐ Repairs Subdivision fred Lot# Tax ID #\_ \_\_\_\_\_ Ouadrant # \_\_\_\_\_ Number of Bedrooms Proposed: Lot Size: 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 Septic Tank: 1000 gallons Size of tank: Pump Tank: 1000 gallons Subsurface No. of exact length width of of each ditch ft. ditches depth of Drainage Field ditches \_ ft. ditches \_ 2 on required French Drain Required: \_ \_\_ Linear feet Date: This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist \* Mainataina all set backs D. Bex 5ft of Property Line \* Runditches on contour + NO DEEPER than 12:nels \* loinches of cover require over system

JL 2009

## HA ETT COUNTY HEALTH DEPARTMEN' AU...ORIZATION TO CONSTRUCT

Authorization is hereby given	to construct a wastewater system to the spe	ecifications described by	
authorization shall be valid for	tment, Improvement Permit # 1970, r a period not to exceed five (5) years from	. This	
This authorization will be inval	id if ownership, site plans, or intended use c	hange.	
Dard Emil		EIU IUI	
Name	Tel	14-1466 ephone #	
31 Lourt On L	11. ng ton, N.C. 27586		
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200 S	Prospec	Prospect Church Ru Road Name	
Property Location SR#	No.	iu ivame	
Fred Forlington Subdivision	Lot # # Bedrooms Proposed	. (o 9 Ac	
Subdivision	Lot # # Bedrooms Proposed	Lot size	
	TYPE OF SYSTEM		
[ New Installation [ ] Repair	Septic Tank Nitrificiation Lines		
[] Conventional Other loop to	Lellan Cone [ ]Basement [ ]With Plumbing [	] Without Plumbing	
Water Supply: [ ] Well [ Pul Septic Tank/00	blic - Minimum Well Setback: Ft.	<u>e</u>	
. <u>N</u> I	ITRIFICATION FIELD SPECIFICATIONS		
	lines per field Length of lines	70_ Ft.	
Width of ditches ft. D	Depth of ditches 1/2 inches MAX		
French Drain: Linear feet require	ed Depth of gravel		
has been installed accord	shall be covered or placed into use by County Health Department has detering to the conditions of the Improvent Operations Permit has been issued	rmined that the system nent Permit and that a	
Buy Munich.	mett County Date		
Signature of Authorized Agent for Har	nett County Date		