TT COUNTY HEALTH DEPARTM

20600

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# Nitrification Line Subdivision Viranda _Lot# 4 Tax ID # Quadrant # Number of Bedrooms Proposed: 3(27x 45) Lot Size: 2. 66 1 Garage: This Deam. + Replaces # 19218 Basement with Plumbing: Ocommunity STITEM was Installed but in correct
And could not be Aixed This is the solution to Water Supply: Well Public Distance From Well: Problem Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional Type of system: Other Septic Tank: Oogallons Pump Tank: gallons Size of tank: Subsurface No. of exact length width of depth of Drainage Field ditches of each ditch ditches (French Drain Required:____ Linear feet Date: 6 22-04 This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist Must must onlite Shed Before Znitalling SYSTEM Flagged out Area messa MAX INTALL AT 4X75 Bx BAd Insta Nr 1x300 Maintain All Cat Back 50 EAXEMENT

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HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AU [ORIZATION TO CONS] JCT

Harnett County Department of Public Health, Improvement Permit # 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.	3
James Fort	
Name 5761 Holland St. Fag. NC Address	
Property Location SP#	
Road Name Subdivide A Subdivide Road Name	
TYPE OF SYSTEM	
[] New Installation [] Repair [Septic Tank [Nitrification Lines	
Conventional [] Other	
[] Basement [] With Plumbing [] Without Plumbing	
Water Supply: [] Well [] Public Water Supply Minimum Well Setback: 50 Ft.	
Septic Tank gal Pump Chamber gal	
NITRIFICATION FIELD SPECIFICATIONS	
Number of fields # of lines per field Length of lines	
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	1
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.	
Signature of Authorized Agent for Harnett County Date	_