HARITT COUNTY HEALTH DEPARTM IM-ROVEMENT PERMIT 19-5-7266 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 LCA Name: (owner) Property Location: SR# Nitrification Line ☐ Repairs Subdivision The Ver And A Tax ID #\_ — Ouadrant # — Number of Bedrooms Proposed: 5 (27x72) Basement with Plumbing: Garage: Water Supply: M 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 1200 Other\_ Septic Tank: Size of tank: \_\_ gallons Pump Tank: \_\_\_\_\_ gallons No. of ditches 3 exact length of each ditch 125 ft. width of depth of ditches 1824 in. Subsurface Drainage Field French Drain Required: \_ \_\_\_\_\_ Linear feet This permit is subject to revocation if site plans or intended use change. Environmental Health Specialist 518 55 EAsement SBR 322 Cod Meet ansik 30 Meet on lite Before Installing MAINTAIN All Set Back, Do not OnivE or park origitic system Keep dean line 60 fear Essences

## HARI T COUNTY HEALTH DEPART VT AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 945. This			
authorization shall be valid for	a period not to	exceed five (5) years fro	m the date of issuance
This authorization will be invali	d if ownership, s	site plans, or intended use	? change.
CASS HAhm			847.1948 Telephone#
Name			Telephone#
Address NC 2 4			
Property Location SR#		1	Road Name
The Veranda	(	5(27x72)	2.92 Ac
Subdivision	Lot #	# Bedrooms Proposed	Lot Size
TYPE OF SYSTEM			
New Installation [] Repair	Septic T	ank Nitrification	Lines
[ ] Other _			
[ ] Basement [ ] With Plumbing [ ] Without Plumbing			
Water Supply: [] Well Public Water Supply Minimum Well Setback:Ft.  Septic Tank9d Pump Chamber9d			
NITIRFICATION FIELD SPECIFICATIONS			
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			
		-	
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.			
Dr WA	))		9-26-03
Signature of Authorized Agent for Harn	ett County of Harne	ett	Data