## HAR! Γ COUNTY HEALTH DEPARTM

## HTE 04-5-900)

## **IMPROVEMENT PERMIT**

20736

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." Name: (owner) CLARENCE FERGUSON New Installation Septic Tank Property Location: SR# 2042 WALKER RO Repairs Nitrification Line Subdivision \_\_\_\_ Lot # \_\_\_ Quadrant # Tax ID # Number of Bedrooms Proposed: 3 Lot Size: 25.48 AC Basement with Plumbing: Garage: ☐ Well N Public Community Water Supply: Distance From Well: 100 ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system: **Conventional** Other Size of tank: Septic Tank: 1006 gallons Pump Tank: gallons Subsurface No. of exact length width of depth of ditches 3 of each ditch 100 ft. ditches 18-20 in. Drainage Field ditches 3 ft. French Drain Required: Linear feet Date: RS COLIVER TOLKSDOEF This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist 2485 \*MAINTAIN ALL SETBACKS \* CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION REPAIR DRIVE 318

## HARNETT CONTY DEPARTMENT OF PUBLIC HEALTH AUTHORIZATION TO CONSTRUCT

Harnett County Department of Publ	ic Health Improvement Permit	the specifications described by
authorization shall be valid for a per	nod not to exceed five (5) years	s from the date of issuance
This authorization will be invalid ig	f ownership, site plans, or inte	nded use change.
CLARENCE FERGUSON Name	i,	093-3116
Name		Telephone #
Pa B 333 B		17
PO BOX 233 BUNNLEY		
2042 Walves 0-		
Property Location SR#	Road Name	
Subdivision Lot #	# Redrooms Proposed	25.48 AC Lot Size
Dot "		Lot Size
	TYPE OF SYSTEM	
New Installation [] Repair	Septic Tank   Nitr	rification Lines
Conventional [ ] Other		
[ ] Basement [ ] With Plumbing	[ ] Without Plumbing	
Water Supply: [ ] Well	olic Water Supply Minimum W	Vell Setback: 100 Ft.
Septic Tank g	gal Pump Chamber	gal
<b>NITRIFICA</b>	TION FIELD SPECIFIC	CATIONS
Number of fields # of li	nes per field3 Lengt	h of lines 100 Ft.
Width of ditches ft. Depth of ditches inches		
French Drain: Linear feet required Depth of gravel		
Trenen Brain. Linear feet required _	Depth of gravel	
No wastewater system shall be cover	red or placed into use by any	prop until an in
Harnett County Health Department h	ias determined that the system	has been installed according to
the conditions of the Improvement P	ermit and that a valid Operation	ns Permit has been issued.
1 200		
la that is the		
Signature of Authorities 14	RS	3 31 04
Signature of Authorized Agent for Harnett (	County	Date