## HARNET OUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMITO 3-5-5084 (modular)

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) ARRY 9 Christy Allen New Installation Septic Tank
Property Location: SR#   201 Repairs   Nitrification Line
Subdivision LARRY Alka LD Lot #
Tax ID # Quadrant #
Number of Bedrooms Proposed: 2 (28 x 56) Lot Size: 17, 17 A
Basement with Plumbing: Garage: Micep STUTEM Within my Bluef
Water Supply:
Distance From Well: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: gallons Pump Tank: gallons
Subsurface Drainage Field  No. of ditches exact length of each ditch soft. ditches ft. ditches ft. ditches in.
French Drain Required: Linear feet
This permit is subject to represent the interest of the Date:
This permit is subject to revocation if site plans or intended use change.  Signed: Environmental Health Specialist
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18" max Octob Oroth,

## HA TT COUNTY HEALTH DEPARTMEN AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a was Harnett County Health Department, Improvement authorization shall be valid for a period not to ex This authorization will be invalid if ownership, sit	xceed five (5) years from the date of issuance.	
LARRY 9 Christy Alka	Telephone #	
	Telephone "	
Address		
Property Location SR#	Road Name	
LARRY Allen LO	3 01 00 - 1	
Subdivision Lot #	# Bedrooms Proposed Lot size	
. 250	" Double of the Size	
TYPE O	F SYSTEM	
New Installation [ ] Repair Septic Tank	Nitrificiation Lines	
1/51 tew installation [ ] Kepali / 5 Septic Talik	7 Mulliciation Lines	
Language of the Control of the Contr	I HELD BY A LONG TO THE STATE OF THE STATE O	
[ ] Conventional Other [ ]Base		
Water Supply: [ ] Well Public - Minimum Well Setback: 50 Ft.  Septic Tank Pump Chamber		
NITRIFICATION FI	ELD SPECIFICATIONS	
Number of fields# of lines per field  Width of ditchesft. Depth of ditches	Length of lines 30 Ft.  AX 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.		
Signature of Authorized Agent for Harnett County	)-100 V Date	