HARNETT COUNTY HEALTH DEPARTMENT

IM. ROVEMENT PERMI 03-5-5870

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) LARO Property Location: Nitrification Line SR# ☐ Repairs Subdivision LARRY & Christy Allen ____ Lot # Tax ID #____ _____ Quadrant # _____ Number of Bedrooms Proposed: 3(28 x76) Lot Size: 3.00 Ac Basement with Plumbing: Garage: Water Supply: Well Public Public ☐ Community Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Other_ Type of system: ☐ Conventional Septic Tank: 1000 gallons Pump Tank: 1000 gallons Size of tank: Subsurface width of depth of ft. ditches ft. ditches exact length depth of Drainage Field ditches of each ditch French Drain Required: _____ Linear feet Date: _ 12-10-02 Signed: Fruironmental Health Specialist This permit is subject to revocation if site plans or intended use change. Meet only Before - notaling Montanall set Backs Bring In 8+012 of Appared Cover French Dean pegund 28×76 At Lent 42" Orep with 36" of GRAVE Meet anite ARIA Do not Orive orpach on Septic STSTEM, Do not Allow Livestock to contailly STAY ON @ ORANFIELL 50 SR 1201

HAR****T COUNTY HEALTH DEPARTMENT AUTI RIZATION TO CONSTRUC

Authorization is hereby given to construct a wastewat	er system to the specification	ons described by
Harnett County Health Department, Improvement Pe		This
authorization shall be valid for a period not to exceed This authorization will be invalid if ownership, site plan		e of issuance.
This authorization with be invalid y ownership, she plant		
HARY Aller	495-4	1363
Name	Telephone #	
Address		
1201		
Property Location SR#	Road Name	
I spay Alkn I Chook Allen 16	3/2201)	3000
Subdivision Lot#	# Bedrooms Proposed	Lot size
, 200	" Decironis Troposed	Lot Size
TYPE OF SY	CTEM	
[New Installation [] Repair [] Septic Tank [Nit		
New Installation Repair Septic Tank Nit	rificiation Lines	
O wife		
[] Conventional Other With Stoller [] Basement [] With Plumbing [] Without Plumbing		
CONV		
Water Supply: [] Well [Public - Minimum Well Set Septic Tank Pump Ch	back: 50 Ft.	
Septic Tank / DO Pump Ch	amber 1000	
NITRIFICATION FIELD	SPECIFICATIONS	
1:		
Number of fields # of lines per field Length of lines Ft.		
Width of ditches ft. Depth of ditches inches		
width of ditches it. Depth of ditches	inches	
1 7	211	
French Drain: Linear feet required Apply Depth of g	ravel 56	
No wastewater system shall be covered or p		
inspection by the Harnett County Health Dep	artment has determine	d that the system
has been installed according to the condition		Permit and that a
valid Operations Permi	t has been issued.	
	10 1	
	12/002	
Signature of Authorized Agent for Harnett County	Date	