HART T COUNTY HEALTH DEPARTM

Nº20144

IM-ROVEMENT PERMI

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."

from the Harnett County Health Department."	d for disposal of sewage without first	obtaining a written perm
Name: (owner) Wendy Sterzman		Septic Tank
Property Location: SR# 42	Repairs	Nitrification Line
Subdivision	Lot	#_4
Tax ID #	Quadrant #	
Number of Bedrooms Proposed: 4	Lot Size: 2.424c	
Basement with Plumbing: Gara	age:	
Water Supply: Well Public Com	munity	
Distance From Well:ft.		
Following is the minimum specifications for sewage dis final approval.		
Type of system: Conventional Othe	т	
Size of tank: Septic Tank: \(\sqrt{000} \) gallons		
Subsurface No. of exact length of each ditch	width of de de ft. ditches 3 ft. di	epth of itches 15-24 in.
French Drain Required: Linear feet	-//	
This permit is subject to revocation if site plans or intended use change.	Signed: Superior Marian Head	R.J. Ith Specialist
* Maintin all reflocks * Renditches on conteur	23."	
* Contractor to meet on-rite prior to intralling system for Final lay out	Home 24 x76 87'	
	Repair P	
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	1	*Net torcale

Hwy 42

HARNETT COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 20144 . 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, Road Name Lot # # Bedrooms Proposed Lot Size Subdivision 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 /000 gd Pump Chamber god **NITIRFICATION FIELD SPECIFICATIONS** Number of fields / # of lines per field 5 Length of lines //0 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. 5/30/2003 Signature of Authorized Agent for Harnett County of Harnett