HARNETT COUNTY HEALTH DEPARTMET

IMPROVEMENT PERMIT 102

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 (STOVE Devi Name: (owner) Property Location: SR# ☐ Repairs M Nitrification Line Wood Bridge Subdivision Tax ID #_ __ Quadrant# Number of Bedrooms Proposed: 3(27x76) Lot Size: NOTE Change Basement with Plumbing: Garage: Location Water Supply: ☐ Well ☐ Community Public Public Distance From Well: __ Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system: Conventional Other _ Septic Tank: 1000 gallons Size of tank: Pump Tank: _____ gallons Subsurface exact length of each ditch \(\frac{\delta \in \text{width of }}{\text{ft.}} \) depth of depth of ditches \(\frac{\delta \text{ditches}}{\text{ditches}} \) depth of Drainage Field ditches French Drain Required: _ _____ Linear feet Date: _ 7.24-07 This permit is subject to revocation if site 75 Signed: ____ plans or intended use change. Environmental Health Specialist 389 Pretrustant is. 100 A00 40 Deve 10 381 NOTE Change 2n house location Do not DrivE on Park on syntic system MAS ZOSTALL AS 1x400 Meet Onsite Before Installing Maintain All set Dack

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by Harnett County Health Department, Improvement Permit # 2017 8. This authorization shall be valid for a period not to exceed for (5)
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.
Name Orac Dev. 498. 2004
Telephone#
Address N(2Y/27
Property Location SR# Road Name
Subdivision Lot # # Bedrooms Proposed Lot Size
Lot Size
TYPE OF SYSTEM
New Installation [] Repair Septic Tank Nitrification Lines
[] Other
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well Public Water Supply Minimum Well Setback: 5 Ft.
Septic Tank / OD gal Pump Chamber gal
NITIRFICATION FIELD SPECIFICATIONS
Number of fields / # of lines per field 5
Width of ditches ft. Depth of ditches Ft.
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
Treated Department has determined that the cyctom has been in the 11 1
the conditions of the Improvement Permit and that a valid Operations Permit has been issued.
7-2407
Signature of Authorized Agent for Harnett County of Harnett Date