HAF **IT COUNTY HEALTH DEPART!**

No 19432 IMPROVEMENT PERMIT 03-5-7235

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." Arbur Hame) New Installation Septic Tank Name: (owner) Property Location: SR# Mitrification Line ☐ Repairs HARMAN to Brumfield M Subdivision Lot # Tax ID #_ Ouadrant # -04(32x76 9.5TAC Number of Bedrooms Proposed: Must Meet onsite Basement with Plumbing: Garage: Water Supply: ☐ Well ☐ Public ☐ Community Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional Type of system: Other_ Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons width of 3 Subsurface exact length of each ditch 120 ft. width of ditches depth of 1824 in. Drainage Field ditches French Drain Required: Linear feet This permit is subject to revocation if site Signed: _ plans or intended use change. Environmental Health Specialist MUIT Meet Onsite Before Installingspte SYSTEM (Septic Contentor) Do not STUBANY < BRUMField Plumbing out until After meeting septic Contractor on site - Before meeting on site Septic system PANE home owner To have Area cleaned - Do not remove My Blue Flags - MARK All Fatire Projects out Will go within So we can provid Them - Bol decks - garages etc. The AREA MARKED By my Blue Flags YBR 32176 GARA MIH Blue R.bbs Maintain All 186 TO TAI Bhe Sit Backi 120 FIR POWER DO not Drive or 7 1120 Pole with 18-2-1 Anakon Septic 110 Light 100 866W SYSTEM W-1-92 SPSKL Osable 5-35 Oak

HAI___TT COUNTY HEALTH DEPAR'...ENT AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 19-132. 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.
Name Harbor Hones 914 718-0994 Telephone#
Name Telephone#
Address // O >
Property Location SR# Road Name
Subdivision Y (32×76) 9,55AC Lot # Bedrooms Proposed Lot Size
Subdivision Lot # Bedrooms Proposed Lot Size
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:Ft.
Septic Tank / Septic Tank — gol Pump Chamber — gol
NITIRFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field Length of lines Ft.
Number of fields # of lines per field Dength of lines 120 Ft. Width of ditches ft. Depth of ditches 1824 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.
(b. W.A) (6-18-02
Signature of Authorized Agent for Harnett County of Harnett Date