Attempt To HTE REPAIR

HARY T COUNTY HEALTH DEPARTM

IN ROVEMENT PERMIT

21545

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) Soeph & Kathy Wyer New Installation & Septic Tank Property Location: SR# NC 24 Repairs Nitrification Line Subdivision Career of HI Lot # 26 127 consined _____Quadrant # _____ Tax ID # Number of Bedrooms Proposed: 4 (27 x 76) Lot Size: 86 Ac Garage: 1 Meet Dosite Before Basement with Plumbing: ☐ Community Water Supply: Well Public Public Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Dother Pump to Conventional Conventional Type of system: Septic Tank: Dogallons Pump Tank: gallons Size of tank: Subsurface exact length width of ditches 3 ft. No. of depth of ditches 18-24in. of each ditch 75 ft. Drainage Field ditches French Drain Required: Linear feet Date: 02-03-05 Signed: _____ This permit is subject to revocation if site plans or intended use change. Environmental Health Specialist 199 Must Rote water Line so That it is 10 from Septic supply Line - Where Lutater Line 95-pply (ROS) Keep water Line (00 24" Above Septic S-pph Line DRIVE Strat Line pt 84 18

AUTHORIZATION TO CONSTRUCT Authorization is hereby given construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 21547 The authorization will be invalid 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. The plans of issuance.
Joseph & Kather Duyer Name Telephone # Tolephone #
NC 24
Property Location SR# Road Name
Subdivision Lot # Bedrooms Proposed Lot Size
Lot Size
TYPE OF SYSTEM
New Installation [] Repair Septic Tank Nitrification Lines
[] Conventional Stother Purp to Conventional
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well Public Water Supply Minimum Well Setback:
Septic Tank gal Pump Chamber Septic Tank gal
NITRIFICATION FIELD SPECIFICATIONS
1 /
Number of fields # of lines per field # Length of lines Ft.
Width of ditchesft. Depth of ditches
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.
Joe Wast KS 02-03-05
Signature of Authorized Agent for Harnett County

Date

THE PERMITTING TO PUBLIC HEALTH