HARNETT COUNTY HEALTH DEPARTMENT

No 13045

OVEMENT PERMIT 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) KilARnold New Installation Septic Tank Property Location: SR#_ HWY 24 Repairs Nitrification Line Subdivision Tax ID #_ Owadrant #. Lot Size: Number of Bedrooms Proposed: Basement with Plumbing: Garage: Water Supply: ☐ Well Public Public ☐ Community LOCATION Distance From Well: _ Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. um to Conv. Conventional Other. Type of system: Septic Tank: 1000 gallons Size of tank: Pump Tank: _____ gallons width of depth of ft. ditches in. Subsurface No. of exact length Drainage Field ditches 5 of each ditch _ French Drain Required: __ Linear feet Date: _ This permit is subject to revocation if site Signed: _ plans or intended use change. Connecticat was Environmental Health Specialist 1191 30R 30

NOTE Change In house location 18" Ditch Ogyh Follow contours must need onsite MAINTAIN All Riguired set BACKS

HARNETT COUNTY HEALTH DEPARTMENT AUTIORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 13045. 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.	
Owner or Authorized Agent KAROSICI CORP	
Name:	Telephone #
Address:	
Property Location: SR # WY 24	Road Name
New Installation Repair Sept	
Subdivision Heritage Village	Lot #_6-23
Number of Bedrooms Proposed:	Lot size: 19,552 ss At
Basement With Plumbing	
Water Supply: Well Public	Minimum Well Setback: ft.
Type of System: Conventional Other	
Tank Volume: Septic Tank/OOO gallons	Pump Chamber 1000 gallons
Nitrification Field Specifications	
Number of fields Number of Lines per Field	Length of lines
Width of ditches ft. Depth of ditches	\8 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.	
Authorized Agent for Harnett County Health Department	
Name: () (P)	Date: 8-13-97
(Revised 2/96)CNSTRCT.WPD	