HAR T COUNTY HEALTH DEPARTN T

HTE (05-500 11134

IMPROVEMENT PERMI

21540

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) tactory Housing ____New Installation Septic Tank ▼ Nitrification Line Property Location: SR#___ Repairs Subdivision Buttonse Tour Bo Morley FARM Lot # 8 Tax ID# Quadrant # Number of Bedrooms Proposed: 4(32x)Lot Size: 3. DZAC Basement with Plumbing: Must meet on site **Public** Water Supply: ☐ Well ☐ Community For F.Wal LAYO-t 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 Septic Tank: \200 gallons Size of tank: Pump Tank: gallons Subsurface No. of exact length width of of each ditch 20 ft. ditches Drainage Field ditches ditches French Drain Required: Linear feet 02-01-05 This permit is subject to revocation if site Signed: plans or intended use change. 13 oke Brironmental Health Specialist 40 50 LIP Pysin 55 544 Must meet onsite for Final LAgot Maintain All Set Baki 18" MAX Ditch Depth.

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AU' ORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 21543. 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.
FActory Having Otlet
Telephone #
Address
1204
Property Location SR# Road Name
Morly FARMS 8 4(32,76) 3.02m
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: 50 Ft.
Septic Tank gal Pump Chamber gal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field # Length of lines Depth of ditches Research Ft. Width of ditches Research Research Research Ft. Research Resear
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.
Signature of Authorized Agent for Harnett County
Data

Date