HARNETT COUNTY HEALTH DEPARTMENT

HTE 15-5-12076

IMPROVEMENT PERMIT

22021

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) <u>Langy Babett</u> New Installation Septic Tank
Property Location: SR# 1500 Beasson Repairs Nitrification Nitrification Line Lot # Travet 2 Subdivision Tax ID # Quadrant # _____ _ Lot Size: _______ 2.10 see Number of Bedrooms Proposed:_____ Garage: Basement with Plumbing: ☐ Community **7** Public 50' Distance From Well:__ Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. NOther 25% Reduction system Conventional Type of system: Pump Tank:_____gallons Size of tank: Septic Tank: 1200 gallons depth of exact length width of Subsurface No. of ditches 4 of each ditch 100 ft. ditches 3 ft. ditches 24->18 in. Drainage Field French Drain Required: _____ Linear feet Date: This permit is subject to revocation if site Signed. plans or intended use change. Environmental Health Specialist D SR 1500 Benson RD

05-5-12076

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUTHORIZATION TO CONSTRUCT

Harnett County Department of Public H authorization shall be valid for a period of This authorization will be invalid if our	ealth, Improvement not to exceed five	ent Permit # e (5) vears fr	2ZOZ	
This authorization will be invalid if own LATRY BABBZH Name				- 3433
LATTRY BABBETH Name 56 F WILLIAMS ST Address	Anzien	N.C.	7750 /	
/500 Property Location SR#		Ro	Benson ad Name	
Subdivision Lot #	# Bedrooms Pro	posed	Lot Size	
TY	YPE OF SYST	<u>rem</u>		
[New Installation [] Repair []				
[] Conventional [] Other <u>Z59</u> 8	leductions 5	ysten		
[] Basement [] With Plumbing []	Without Plumbii	ng		
Water Supply: [] Well [] Public	Water Supply M	inimum Wel	l Setback:	Ft.
Septic Tank / 200 gal	Pump Cham	ber		gal
NITRIFICATION FIELD SPECIFICATIONS				
Number of fields# of lines	per field 4	Length	of lines/00	Ft.
Width of ditches ft. Depth of ditches inches				
French Drain: Linear feet required Depth of gravel				
No wastewater system shall be covered Harnett County Health Department has the conditions of the Improvement Perm	determined that the	he system ha	s been installed	according 4
Signature of Authorized Agent for Harnett Coun	fords.		5- Da	-25-65 te