## HARN COUNTY HEALTH DEPARTM Replaces pend to **IMPROVEMENT PERMIT** 23071

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) Weaver Or Comp. New Installation Septic Tank & Repair
Name: (owner) We Aver Oxy Comp.  Property Location: SR# 1141  Subdivision The Jument H  New Installation Septic Tank Repair   Nitrification Line Expansion Lot # 37
Tax ID# Quadrant # Number of Bedrooms Proposed: 3(59,53) Ilogol Lot Size: 348
Number of Bedrooms Proposed: 3(3),133) Jogeth Lot Size: , 34 M
Basement with Plumbing: Garage:
Water Supply: Well Public Community  Distance From Well: ft.  Following is the minimum specifications for sewage disposal system on above captioned property.
Subject to final approval.
Type of system:   Conventional Other 25% Medication System
Size of tank: Septic Tank: gallons Pump Tank: gallons
Subsurface No. of exact length width of depth of depth of ditches ft. of each ditch ft. of each ditches ft. ditches ft. ditches ft. ditches ft. ditches ft.
French Drain Required:Linear feet \\ \dagger 25 \\ \lambda \lambda \tau \\ \Date: \( \Date \) \\ \dagger
This permit is subject to revocation if site PERMIT EXPIRES 5 YEARS FROM ABOVE DATE plans or intended use change.
Signed: Environmental Health Specialist
Environmental Health Specialist
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## HARNETT COUNTY DEPARTMENT OF PUD' IC HEALTH AU' ORIZATION TO CONST...CT

Harnett County Department of Public Health, Improvement Permit # 2307 . This authorization shall be valid for a period not to exceed five (5) years from the late.
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.
Weaver Dev. Cong
Name Telephone #
Address
Property I and it a gray
Property Location SR# Road Name
My Supply 37 Subdivision  Lot # Bedrooms Proposed  Lot Size
TYPE OF SYSTEM
New Installation [ ] Repair Septic Tank Nitrification Lines
[ ] Conventional MOther 25% Reduction SYSTEM
[ ] 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 /5
Width of ditches ft. Depth of ditches   / a inches OF 25% Reduction
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 guster of the county has determined
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.
As seen issued.
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Signature of Authorized Agent for Harnett Country
Signature of Authorized Agent for Harnett County  Date