HARN COUNTY HEALTH DEPARTMF

HTE 04-5-10502

IM. ROVEMENT PERMIT

21272

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) Charles Goorlay Mew Installation Property Location: SR# 2008 Harvell Rd Repairs Nitrification Nitrification Line Subdivision Wk. L. ____ Lot # __// _____ Quadrant # _____ Tax ID # Lot Size: , 69 4 Number of Bedrooms Proposed: Basement with Plumbing: Garage: ☐ Well Public ☐ Community Water Supply: 50 Distance From Well:_____ ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional ☐ Other Type of system: Septic Tank: 100% gallons Pump Tank: gallons Size of tank: exact length width of depth of Subsurface No. of ditches 3 48 in. of each ditch 60 ft. ditches ditches 3 Drainage Field French Drain Required: Linear feet This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist * Maintain all ret backs * Ditches to start at 110366 30 inches + dun to 18 inches 200 50 KM 191 20

HARNETT CONTY DEPARTMENT OF PUBECHEALTH AUTHORIZATION TO CONSTRUCT

Harnett County Department of Public Health, Improvement Permit # 21272 . 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.
Name P.O. Box 21 Cllington NC. 20546 Address
Address NC 25546
Property Location SR# Road Name
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 6 0 Ft.
Width of ditches ft. Depth of ditches 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 walid Operations Permit has been issued.
Signature of Authorized Agent for Harnett County Date