## HARN Γ COUNTY HEALTH DEPARTMI

HTE04-5-10566

## INTROVEMENT PERMIT

21273

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) Gary Ray Owen

Property Location: SR# 1505 Piney Grove Rd

Repairs

New Installation Septic Tank

Repairs Subdivision ACS Owen \_\_\_\_ Lot # \_ 4 \_\_\_\_\_ Quadrant # \_\_\_\_\_ Tax ID # 3 Lot Size: 4.69Ac Number of Bedrooms Proposed: Basement with Plumbing: Garage: Well Water Supply: Public Public ☐ Community Distance From Well: /oo ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional Type of system: ☐ Other Septic Tank: 1000 gallons Pump Tank: \_\_\_\_\_ gallons Size of tank: Subsurface No. of exact length width of depth of 9 of each ditch 60 ft. Drainage Field ditches ditches 3 ditches/8.24 in. French Drain Required: Linear feet This permit is subject to revocation if site Signed: \_/ plans or intended use change. Environmental Health Specialist \*Maintain all set backs \* Runditches on contour + Contractor to call prior tomostelly system \* Cover may be placed oversystem 1198 area & New dital deaths will be determed w/ meeting w/ contract 40 KTS 7Br 29 Audot to scale

## HARNETT C: NTY DEPARTMENT OF PUE : HEALTH AUTHORIZATION TO CONSTRUCT

Harnett County Department of Public Health, Improvement Permit # 2\2\73 . 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 919 639-4215 Telephone #
Address Address
Property Location SR#  Property Location SR#  Road Name
ACS ower 4 3 4.69Ac 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:/ooFt.
Septic Tank gal Pump Chamber gal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields# of lines per field# Length of lines60Ft.
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 valid Operations Permit has been issued.
Signature of Authorized Agent for Harnett County  Date