HARNI COUNTY HEALTH DEPARTME

HTE 04-5-10818

IM. ROVEMENT PERMIT

21278

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) Lynwood McDonald

Property Location: SR# off of 1291 Tirzah Dr.

Repairs

New Installation

Repairs Nitrification Line ____ Lot # ____ Subdivision Tirzah ____ Quadrant # _____ Tax ID # 3 Lot Size: 1.28 Ac Number of Bedrooms Proposed: Garage: Basement with Plumbing: Public ☐ Well Community Water Supply: Distance From Well: 50mm ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Other Conventional Type of system: Septic Tank: /000 gallons Pump Tank: gallons Size of tank: Subsurface No. of exact length width of depth of 4 of each ditch 50 ft. ditches 18:00 ditches 3 ft. Drainage Field ditches French Drain Required: Linear feet Date: This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist * Maintain all set becks * Ditcher to stortat 18" + Ronto 30": Freeded + Contractor to call prive to installing system a OCHONAX

HARNETT COUNTY DEPARTMENT OF PUPING HEALTH AUT ORIZATION TO CONSTRUCT

Trained County Depa	e valid for a peri	od not to exceed five	ent Permit # re (5) years fr	om the data of is-	
· ·				893-4876 Telephone #	
P.O. Box 2432 Address	Lillington, N.	C. 27546			
Property Location SR#			Ti	rzah Dr.	
				1.28 A c Lot Size	
		TYPE OF SYS		Lot Size	
[New Installation					
[] Conventional	[] Other		6	_	
[] Basement [] Wi	ith Plumbing	[] Without Plumbi	ng		
Water Supply: [] Well [Public Water Supply Minimum Well Setback: 50 Ft.					
				gal	
NITRIFICATION FIELD SPECIFICATIONS					
Number of fields # of lines per field Length of lines 50 Ft.					
Width of ditchesft. Depth of ditchesft.					
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 C	ounty		11/24 J2004	
		.ii		Date	