## HARN COUNTY HEALTH DEPARTM

## HTE04-50010905R

## **IMPROVEMENT PERMIT**

21439

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) Marcy MILLS New Installation Septic Tank Property Location: SR# 1291 OLO US42] 

Repairs Nitrification Line Subdivision MAMIE BELL RIDGE \_\_\_ Lot # \_58 Quadrant # Tax ID # 3 Lot Size: .73AC Number of Bedrooms Proposed: Basement with Plumbing: Garage: ☐ Well 2 Public Water Supply: ☐ Community Distance From Well: 150 ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system: **X** Conventional ☐ Other Pump Tank:\_\_\_\_\_ gallons Size of tank: Septic Tank: 1000 gallons Subsurface No. of exact length width of depth of ditches 3 of each ditch 70 ft. ditches 36 in. Drainage Field ditches 3 ft. French Drain Required: Linear feet Date: RS (OLIVED TOLKSOOR) This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist \*MAINTAIN ALL SETBACKS 165 \*CALL WITH ANY QUESTIONS PRIORTO INSTALLATION CON. REPAIR AREA 197 \*REVISED 8/8/06 25.5 541 DR 40

## HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUTHORIZATION TO CONSTRUCT

Harnett County Department of Public Health, Improvement Permit # 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.
NANCY MILLS Name
Name Telephone #
2764 BAPTIST GEORE FUQUEN VARINA NC 27526
1291
Property Location SR#  Road Name
Manik Bell Roce 58 3 (360 400) .73 oc Subdivision Lot # Bedrooms Proposed Lot Size
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: 100 Ft.
Septic Tank VOSO gal Pump Chamber gal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field Length of lines Ft.
Width of ditches ft. Depth of ditches3 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.
ignature of Authorized Agent for Harnett County
- Date