HAI TT COUNTY HEALTH DEPART

HTE 04-5-10959 R

IMPROVEMENT PERMII

21961

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) M. ke Roy

Property Location: SR# old 05 42 Repairs New Installation Septic Tank Nitrification Line Subdivision Manie Bell Lidge Lot # _26 Garage: Basement with Plumbing: Public Water Supply: ☐ Well Community Distance From Well: ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. DOther 25 % Neduction System Conventional Type of system: Septic Tank: 1000 gallons Pump Tank: ______

f exact length or width of Size of tank: No. of depth of Subsurface ditches 18-20 of each ditch &O ft. Drainage Field ditches 3 ditches 3 French Drain Required: Linear feet This permit is subject to revocation if site Signed: // plans or intended use change. Environmental Health Specialist * Mantanall ret backs * Keep drantines out of scote evenet 224

HARNETT COUNTY DEPARTMENT OF PURISH HEALTH AU LIORIZATION TO CONST. JCT

This authorization will be invalid if ownership, site plans, or intended use change. Main
Address Property Location SR# Road Name
Subdivision Lot # # Bedrooms Proposed Lot Size
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TYPE OF SYSTEM [] New Installation [] Repair [] Septic Tank
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[] New Installation [] Repair [] Septic Tank [] Nitrification Lines [] Conventional [] Other 25% leaves with the conventional [] With Plumbing [] Without Plumbing Water Supply: [] Well [] Public Water Supply Minimum Well Setback: 50 Ft. Septic Tank / 000 gal Pump Chamber gal NITRIFICATION FIELD SPECIFICATIONS Number of fields / # of lines per field 3 Length of lines ft. Width of ditches ft. Depth of ditches / F-20 inches
[] Conventional [] Other 25 % leader way tem [] Basement [] With Plumbing [] Without Plumbing Water Supply: [] Well [Public Water Supply Minimum Well Setback: 50 Ft. Septic Tank
Water Supply: [] Well
Septic Tank
Number of fields # of lines per field Length of lines Ft. Width of ditches ft. Depth of ditches inches
Number of fields/ # of lines per field Length of lines Ft. Width of ditches ft. Depth of ditches inches
Width of ditches ft. Depth of ditches inches
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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