HARN T COUNTY HEALTH DEPARTM

HTE 05-50011219

IMPROVEMENT PERMIT

21902

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) H9 H Gnitrictors New Installation Septic Tank Property Location: SR# Repairs Nitrification Line Subdivision_ 1/DOd Shize Lot # _66 Tax ID# Quadrant # Number of Bedrooms Proposed: 3(59 x 50) Lot Size: 344 AC Basement with Plumbing: Garage: Water Supply: ☐ Well N Public ☐ Community Distance From Well: ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. **Onventional** Type of system: Other Septic Tank: 1000 gallons Pump Tank: gallons Size of tank: Subsurface No. of exact length width of ditches 18-24in. of each ditch 240 ft. Drainage Field ditches ditches French Drain Required: Linear feet Date: This permit is subject to revocation if site Signed: _ plans or intended use change. Environmental Health Specialist മാ 63 Onsite for Final Layout Maintain All

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AU—ORIZATION TO CONST—CT

Harnett County Department of Public Health, Improvement Permit # 2\702 This
authorization shall be valid for a period not to exceed five (5) years from the
This authorization will be invalid if ownership, site plans, or intended use change. HILL CONTRACTOR
Name
Telephone #
Address
1117
Property Location SR# Road Name
Woodshire 66 3(59×50) 344AC
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 1000 gal Pump Chamber gal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field Length of lines
Width of ditches 3 ft. Depth of ditches 3 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 county Health Department has determined the county Health Hea
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.
a valid Operations Fermit has been issued.
Signature of Authorized Agent for Harnett County
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