## HAR TT COUNTY HEALTH DEPARTMENT

HTE 05-500/1393

## **IIVIPROVEMENT PERM**

21926

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." )Anny Name: (owner) New Installation Septic Tank Property Location: SR# Repairs Nitrification Line \_\_ Lot # \_/**9**/ Subdivision Tax ID# Quadrant # Lot Size: 0 35AC 3(56x45) Number of Bedrooms Proposed: Basement with Plumbing: Garage: 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. Tire Chips OK Conventional Other Type of system: Septic Tank: gallons Pump Tank: gallons Size of tank: Subsurface exact length No. of width of depth of of each ditch 245 ft. ditches 1824 in. 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 110 21 99 ORIVE 21 151

## HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUTHORIZATION TO CONSTIUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 2 2 92 . 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.
Damy Noms
Name Telephone #
Address
Property Location SR#  CRESTATUS Ext. 191 3(56x4s)  Subdivision  Lot # Bedrooms Proposed  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 240
Width of ditches ft. Depth of ditches inches
French Drain: Linear feet required Depth of gravel
No wastewater system shall be severed and the same and th
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