HAR T COUNTY HEALTH DEPARTM T

HTE 05-5-11439

IMPROVEMENT PERMIT

21706

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) Robie Mills New Installation Septic Tank Property Location: SR#_ c/4 \(\frac{1}{2} \) \ \Box Repairs Nitrification Line ____Lot # _____ Subdivision Man & Bell Ridge Quadrant # Tax ID # Number of Bedrooms Proposed:____ Lot Size: 167Ac Basement with Plumbing: Garage: ■ Well Public Water Supply: Community 50 Distance From Well: ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional Other Type of system: Septic Tank: 1000 gallons Pump Tank: gallons Size of tank: Subsurface No. of exact length width of depth of ditches 18-24 in. Drainage Field ditches 2 of each ditch 75 ft. ditches 3 French Drain Required: _____Linear feet Date: This permit is subject to revocation if site Signed: _/ plans or intended use change. Environmental Health Specialist * Maintainal setbeck + Runditchy on centeur * Not torcale

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AU [ORIZATION TO CONST__CT

Harnett County Department of Public Health, Improvement Permit # 21706. 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.
Name 23-1355 Telephone #
1405 Sadle- Rd. Dm. N. C. 2834 Address
Property Location SR# Road Name
Mane Sell Ridge 7 3 (7.4c) 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:Ft.
Septic Tankgal Pump Chambergal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields/ # of lines per field Length of lines Ft.
Width of ditches ft. Depth of ditches 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.
B. A. S. R.S.
Signature of Authorized Agent for Harnett County