## HAR TT COUNTY HEALTH DEPARTN T

HTE 05-5-11476

## IN PROVEMENT PERMIT

21721

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) Show case Contraction New Installation Septic Tank Property Location: SR# 1/24 Rambe while Repairs Nitrification Line Subdivision Wester \_\_\_\_ Lot # 13 \_\_\_\_\_Quadrant # \_\_\_\_\_ Tax ID# Number of Bedrooms Proposed: Lot Size: .57 Ac Garage: Basement with Plumbing: Public Water Supply: ☐ Well ☐ Community Distance From Well: 50m - ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system: Conventional Other Pump Tank: gallons Septic Tank: 1000 gallons Size of tank: exact length Subsurface No. of width of depth of of each ditch 75 ft. Drainage Field ditches ditches 3 ditches / French Drain Required: \_\_\_\_\_Linear feet Date: Signed: // This permit is subject to revocation if site plans or intended use change. Environmental Health Specialist \* Martin all sethecks \* Ditches to be NO DEEPEL than 12 inches sith binches of cour to be brought . ~ 26 242

Road

## HARNETT ( JNTY DEPARTMENT OF PU IC HEALTH AU HORIZATION TO CONSTRUCT

Harnett County Department of Public Health, Improvement Permit # 2172 . 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  Fly-0900  Telephone #
Address  Address
Property Location SR#  Road Name
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 gal Pump Chamber gal
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.
Signature of Authorized Agent for Harnett County  Date