HARN Γ COUNTY HEALTH DEPARTM

HTE 05-5- 11479

IMPROVEMENT PERMIT

21742

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) Thousand Construction Mew Installation & Septic Tank Nitrification Line ____ Lot # __& Subdivision Wester ____ Quadrant # ____ Tax ID# Garage: Basement with Plumbing: Public ☐ Well Community Water Supply: Distance From Well: ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Mother Porp to 25% Reduction System Conventional Type of system: Septic Tank: 1000 gallons Pump Tank: 1000 gallons Size of tank: Subsurface No. of exact length width of depth of of each ditch 80 ft. Drainage Field ditches ditches 3 ditches /2 French Drain Required: Linear feet Date: This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist * Maintain all retbech * Lon d. toles on Contour at 12 inches + NO DEEPER

* 6 inches of cover required

over system 176 200 17

HARNETT C NTY DEPARTMENT OF PUL C HEALTH AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 2 7 42 . 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.
Thousand Sci-0906 Name Telephone #
Address
Property Location SR# Road Name
Subdivision 18 3 .494c Subdivision Lot # Bedrooms Proposed Lot Size
TYPE OF SYSTEM [New Installation [] Repair
[] Conventional [] Other Porp to 25% leduction System
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well [] Public Water Supply Minimum Well Setback:Ft.
Septic Tank
NITRIFICATION FIELD SPECIFICATIONS
Number of fields/ # of lines per field/ Length of lines & Ft.
Width of ditches ft. Depth of ditches /2_ inches 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