## HARITT COUNTY HEALTH DEPARTM

HTE 05-5-1/480

## IN ROVEMENT PERMIT

21743

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) The Care Contraction New Installation Septic Tank Property Location: SR# 1/24 Carbon tld. Repairs Nitrification Line Subdivision Wester Field & \_\_\_\_ Lot # \_\_/9\_\_\_ Tax ID #\_\_\_\_\_\_Quadrant #\_\_\_\_\_ Number of Bedrooms Proposed:\_\_\_\_\_3 Lot Size:\_\_\_\_//(Ac Basement with Plumbing: Garage: Public ☐ Well Water Supply: Community Distance From Well: 50 ~~ ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Dother Pump to 25 % leduction System Conventional Type of system: Size of tank: Septic Tank: / COO gallons Pump Tank: / COO gallons Subsurface No. of exact length width of depth of 4 of each ditch 80 ft. ditches 3 ft. Drainage Field ditches 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 \*Mantan all retbocks X Lunditches un contour \* D. they to be NO DEEPER than 12 nels Abincher of cover required over system 2001 200 à.

Shelby Street

## HARNETT ( INTY DEPARTMENT OF PU IC HEALTH AU II ORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 277 . 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.
Show case 919 864-0900 Name Telephone #
Telephone #
5506 Yadkin Load Fayetteille N. C. 25303 Address
Property Location SR#  Road Name
Atolia Halife
Subdivision Lot # Bedrooms Proposed Lot Size
Subdivision Lot # # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
New Installation [ ] Repair
[] Conventional [] Other sop to 25% leduct.
[ ] Basement [ ] With Plumbing [ ] Without Plumbing
Water Supply: [ ] Well [ Public Water Supply Minimum Well Setback:Ft.
Septic Tank gal Pump Chamber /OOO gal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field 4 Length of lines Ft.
Width of ditches ft. Depth of ditches inches
French Drain: Linear feet required Depth of gravel
2 opin of gravor
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.
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1/13/2005
Signature of Authorized Agent for Harnett County  Date