HTE 05-5- //(2)

IMPROVEMENT PERMIT

21740

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 Construct. on New Installation Septic Tank Property Location: SR#_______ Repairs Nitrification Line Subdivision Westerf. eld forms Lot # <u>J</u>0 Tax ID #______ Quadrant #_____ Number of Bedrooms Proposed:_____ Z Lot Size:___. CAs Garage: Basement with Plumbing: Public Water Supply: ☐ Well ☐ Community Distance From Well: 50 ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. FOther 25% ledut a System Conventional Type of system: Septic Tank: <u>/000</u> gallons Pump Tank: ____gallons Size of tank: exact length width of Subsurface No. of depth of of each ditch 60 ft. ditches & in. MAX ditches 3 ft. Drainage Field ditches French Drain Required: _____Linear feet This permit is subject to revocation if site Signed: _// plans or intended use change. Environmental Health Specialist *Mantinal setbeck * Run ditely on contour + NO DEETER the Binds 132

ld.

HARNETT (INTY DEPARTMENT OF PU C HEALTH AUTHORIZATION TO CONSTRUCT

Harnett County Department of Public Health, Improvement Permit # 21740. 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.
Thousease Construction \$64-0900
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 [JOther 25 To head with a System
[] 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 60 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.
(M. f. 11.
Signature of Authorized Agent for Harnett County Date