HAF TT COUNTY HEALTH DEPART!

HTE 05-5-1172

II.... PROVEMENT PERMIT

21727

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." Nitrification Line Lot # _/5 Subdivision QL. Tax ID #______Quadrant #_____ Number of Bedrooms Proposed:_____3 Lot Size:_____5 #_c Basement with Plumbing: Garage: 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. WOther 25 % Medoction System Type of system: Conventional Septic Tank: / © gallons Pump Tank: ______ width of Size of tank: exact length No. of Subsurface width of depth of of each ditch_75 ft. ditches 15-20 in. Drainage Field ditches ditches 3 ft. French Drain Required: Linear feet This permit is subject to revocation if site Signed: // plans or intended use change. Environmental Health Specialist * Mantan all retbacker x Lines to be NO DEEPER then 20 inches 380 50

HARNETT UNTY DEPARTMENT OF PU IC HEALTH AUTHORIZATION TO CONSTRUCT

Harnett County Department of Public Health, Improvement Permit # 2\727 . 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.
Cric Matthews
Name 896 4370 Telephone #
Name F96 4370 Telephone # Address
Property Location SR# Road Name
Road Name
Subdivision Lot # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
New Installation [] Repair [Septic Tank [] Nitrification Lines
[] Conventional [] Other 25 % Rabet in 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.
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Bun Mchiles. 3/29/1005
Signature of Authorized Agent for Harnett County