HARNTTT COUNTY HEALTH DEPARTMENT

HTE 05-5-11730

IMPROVEMENT PERMIT

21748

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) Oak C. ty Homes New Installation Septic Tank Property Location: SR# 156) Dalland

Repairs Nitrification Line Subdivision BAllard Woods Lot # 22 _____ Quadrant # _____ Tax ID# Lot Size: . TAC Number of Bedrooms Proposed: Garage: Basement with Plumbing: Water Supply: ☐ Well Public ☐ Community 50 Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. DOther 25 7 ledution Syste Type of system: Conventional Pump Tank:____ Septic Tank: /600 gallons Size of tank: Subsurface No. of exact length width of depth of ditches / of each ditch Joo ft. ditches 18 in Max ditches_3 Drainage Field 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 set back Alunditches or certout NO DEERER the 18: role UP 22 D 241 Rd-

HARNETT COUNTY DEPARTMENT OF PUPLIC HEALTH AU HORIZATION TO CONSTRUCT

Harnett County Department of Public Health, Improvement Permit # 21748. 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 17 4223318 Telephone #
Dex 6127 Ruleigh N.C. 2 7428 Address
Property Location SR# Road Name
Subdivision Lot # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
[New Installation [] Repair [Septic Tank [] Nitrification Lines
[] Conventional [] Other 25/ ledvel: Joffen
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well Public Water Supply Minimum Well Setback: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 Max
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