HARN T COUNTY HEALTH DEPARTMET

HTE 05-5-11743

IMPROVEMENT PERMIT

21750

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) Och C. ty Hames

Property Location: SR# 1437 Ballad Ld.

Repairs New Installation Septic Tank Nitrification Line ____ Lot # <u>4</u>2 Subdivision Dryland words Ouadrant # Tax ID # _____Lot Size:_____SAc Number of Bedrooms Proposed: Garage: Basement with Plumbing: Public ☐ Community Distance From Well: ____ ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Tother 25 % Reduction System Conventional Type of system: Septic Tank: \\\ \oo \text{gallons} Pump Tank:____ gallons Size of tank: Subsurface No. of exact length width of depth of ditches_ 3 of each ditch /00 ft. Drainage Field ditches ditches Linear feet French Drain Required: Date: This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist * Maintain all setbacks * Randitcher on Contor + NO DEEPER then 12 inly *6 inches of cover required over 42 203 194

DRYN

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUTHORIZATION TO CONSTRUCT

Harnett County Department of Public Health, Improvement Permit # 21750. 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 833-5726 Telephone #
P.O. Dex 6/27 Releigh, N.C. 2748 Address
Property Location SR# Road Name
Road (Value
Subdivision Lot # Bedrooms Proposed Lot Size
Lot # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
[New Installation [] Repair [Septic Tank [] Nitrification Lines
[] Conventional [JOther 25% ledertin
[] 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 /00 Ft.
Width of ditches ft. Depth of ditches inches MAY
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.
S nel of
Signature of Authorized Agent for Harnett County
Deta