HTE 05-5-/1766

T COUNTY HEALTH DEPARTM

21951

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) Mike Roy New Installation Septic Tank Property Location: SR# 1291 Old & 421 Repairs Nitrification Line Subdivision Manie Bell Ridge Lot # _30 Quadrant # Tax ID # 3 Lot Size: 86 Ac Number of Bedrooms Proposed:____ 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. DOther 25% Reduction System ☐ Conventional Type of system: Septic Tank: /@o gallons Pump Tank: _____gallons Size of tank: exact length depth of Subsurface No. of width of / of each ditch 150 ft. ditches ditches /f-24 in. 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 *Maintain all oct backs + Run ditcher on contour 129 40

Road

HARNETT COUNTY DEPARTMENT OF PUTIC HEALTH AU [ORIZATION TO CONSTRUCT

Harnett County Department of Public Health, Improvement Permit # 2197 . 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.
M. Ke Rey Name
Name Telephone #
3417 Spring H: 11Ch. Rd Cillinghan, N.C. 2546 Address
Property Location SR# Old of 421 Road Name
Manie Bell Niege 30 3 Subdivision Lot # Bedrooms Proposed Lot Size
Subdivision Lot # # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
New Installation [] Repair
[] Conventional [JOther 25 % lower on System
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well [Public Water Supply Minimum Well Setback: 50 Ft.
Septic Tank gal Pump Chamber gal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field/ Length of lines/50 Ft.
Width of ditches ft. Depth of ditches/8-24 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.
i and that a valid Operations Ferritt has been issued.
Signature of Authorized Agent for Harnett County Deta
Date