HARN Γ COUNTY HEALTH DEPARTM

HTE 05-5- 12340

IMPROVEMENT PERMIT

21979

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) DIF Contraction Fue

Property Location: SR# 144/ Chalybeate Rd.

Repairs Nitrification Line Subdivision Cos L. Lot # <u>54</u> Tax ID# Quadrant # ____ Number of Bedrooms Proposed: ____ Lot Size: __,5784c Basement with Plumbing: Garage: ☐ Well Public Water Supply: ☐ 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% ledection VAR Type of system: Conventional Septic Tank: / GOO gallons Pump Tank: _____ Size of tank: Subsurface No. of exact length width of depth of of each ditch 80 ft. ditches 8 in mal ditches_3 Drainage Field ditches French Drain Required: Linear feet Date: This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist * Martin all retbacks + ditch depthr * Runditcher on contour + Control may differ from drawing 164 200

HARNETT CC ITY DEPARTMENT OF PUB CHEALTH AUTHORIZATION TO CONSTRUCT

Harnett County Department of Public Health, Improvement Permit # 21979. 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.
DTF Construction Name 919 F67 5710 Telephone #
Address Telephone #
Property Location SR# Road Name
Crestak 54 3 Subdivision Lot # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
[] New Installation [] Repair [] Septic Tank [] Nitrification Lines
[] Conventional [] Other 25 % leduct only to
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well [Public Water Supply Minimum Well Setback: _50 Ft.
Septic Tankgal Pump Chambergal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field H Length of lines SC 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 Date