HAF TTT COUNTY HEALTH DEPART

HTE 05-5-12648

IlviPROVEMENT PERMIT

21987

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) Lorry Thomas Ellis

Property Location: SR# 1403 Harath Central Col.

Repairs New Installation Septic Tank Nitrification Line Subdivision Fred Jen Lot # 5 Ouadrant # Tax ID # 2 240gpd Lot Size: 57Ac Number of Bedrooms Proposed: Garage: Basement with Plumbing: Public Water Supply: ☐ Well Community Distance From Well: $\sqrt{20} \sim 10^{-6}$ ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. **T** Conventional Other____ Type of system: Septic Tank: gallons Pump Tank: gallons Size of tank: Subsurface exact length No. of width of depth of of each ditch 50 ft. ditches 18-24 in. Drainage Field ditches ditches J French Drain Required: Linear feet Date: This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist * Maintan all retbacks 20 230 Huse 26×36 23-75'

HARNETT COUNTY DEPARTMENT OF PUTLIC HEALTH AU [ORIZATION TO CONST...JCT

Harnett County Department of Public Health, Improvement Permit # 21987. 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 252-354-545 Name Telephone # Address Address
Property Location SR# Road Name
Fred Subdivision Lot # # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
[New Installation [] Repair [] Septic Tank [] Nitrification Lines
[] Conventional [] Other
[] 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
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 Date