HA ETT COUNTY HEALTH DEPART

NT

No 1/331

INIPROVEMENT PERIMIT

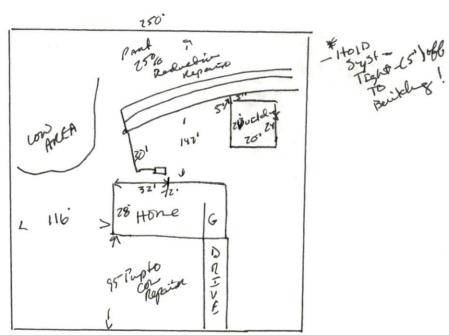
06-5- 11536 - Bully

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." New Installation Septic Tank Name: (owner) LARRY thomas EUZS SR# 1417 Christin Light

Repairs Property Location: Nitrification Line Subdivision JEmmy Private Quadrant # Tax ID #__ Number of Bedrooms Proposed: 360 6PD Lot Size:___ Basement with Plumbing: Garage: Water Supply: ☐ Well Public ☐ Community Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Other U5% Reduction Repair Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons Subsurface exact length width of depth of 3 of each ditch 100 ft. ditches 3 ft. ditches 24 > 18 in. No. of Drainage Field ditches French Drain Required: ____ ____ Linear feet

This permit is subject to revocation if site plans or intended use change.

Signed: Manhanfens
Environmental Health Specialist



SR1412 Christian Light

06-5-14846- Home

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH (14961) AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit #
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 Telephone # YOY Hannett Galact TD F.V. N.C. 77576 Address
receptione #
Address
1417
Property Location SR# Christ-I-Cl Road Name
Subdivision Lot # Bedrooms Proposed Lot Size
Subdivision Lot # # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
[New Installation [] Repair [Septic Tank [] Nitrification Lines
[] Conventional [YOther 25% Reduction Syst
[] 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.
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Signature of Authorized Agent for Harnett County Date