NETT COUNTY HEALTH DEPARTIENT

06-50000072

IMPROVEMENT PERIVIT

No 17549

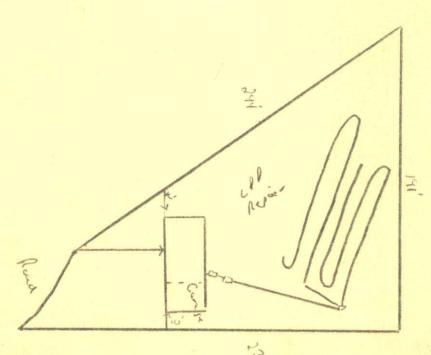
Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin construction of any building at which a septic tank system is to be used for disposal of sewage without first obtaining a written permit from the Harnett County Health Department." New Installation Septic Tank Name: (owner) SR# Property Location: ☐ Repairs Nitrification Line _____ Lot #___/3 Subdivision Woodview _____ Quadrant # _____ Tax ID #_____ Number of Bedrooms Proposed: ___ _____ Lot Size:_____ Basement with Plumbing: Garage: 7 Water Supply: Public ☐ Well Community Distance From Well: ____ SO Min ft Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Other Pump to Polystyrene Agregate Trench System I WW S 95. DR ☐ Conventional Type of system: Septic Tank: \(\lambda 00 \) gallons Pump Tank: \(\lambda 00 \) gallons Size of tank: exact length width of depth of of each ditch 150 ft. ditches 3 ft. ditches 18 in. MAX Subsurface Drainage Field ditches & French Drain Required: _____ Linear feet Date: This permit is subject to revocation if site

plans or intended use change.

Signed: _

Environmental Health Specialist

* Maintain all retbacks * Run ditcher on contour



H ETT COUNTY HEALTH DEPA IENT AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 17549 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. Owner or Authorized Agent _____ Name: John Dick Telephone # 468-1253 Address: 1/2 Force La. Cary NC 27573 New Installation Repair Septic Tank Nitrification Lines Basement _____ With Plumbing ____ Without Plumbing ____ Water Supply: Well _____ Public ____ Minimum Well Setback: ____ ft. Type of System: Conventional ____ Other lung to lo by sty rene Assessate Treachish Ewo S. S. Tank Volume: Septic Tank /OOO gallons Pump Chamber /OOO gallons **Nitrification Field Specifications** Number of fields _____ Number of Lines per Field ____ Length of lines ______ 150 fd. Width of ditches ______ ft. Depth of ditches _____ inches MAR 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. Authorized Agent for Harnett County Health Department Name: Dup M Jwain 1-5. Date: 9/8/2000

(Revised 2/96) CNSTRCT. WPD