HARNET COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT

MIT 500 00312

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) Property Location: SR#. Repairs Nitrification Line Subdivision _ Lot # Tax ID #_ _ Quadrant # -Number of Bedrooms Proposed: Lot Size:_ Basement with Plumbing: Garage: Water Supply: Public Public ☐ Community Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system: M Conventional Other_ Septic Tank: gallons Size of tank: Pump Tank: _____ gallons Subsurface No. of exact length width of depth of Drainage Field of each ditch of ft. ditches ditches ft. ditches_ French Drain Required: _____ Linear feet Date: This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist um hopin 31 3BR 107 31 STUB Out Plumbing shallow 18-24; Outch Depth Maintain All Set Parks

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will be invalid if ownership, site plans, or intended use change.
Owner or Authorized Agent WEAVER Dev. Cong
Name: Telephone #
Address:
Property Location: SR # Road Name
New Installation Repair Septic Tank Nitrification Lines
Subdivision Syntat Ridge Lot# 61
Number of Bedrooms Proposed: 3(30x4?) Lot size: 42AC
Basement With Plumbing Without Plumbing
Water Supply: Well Public Minimum Well Setback: ft.
Type of System: Conventional Other
Tank Volume: Septic Tank 1000 gallons Pump Chamber gallons
Nitrification Field Specifications
Number of fields Number of Lines per Field Length of lines
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.
Authorized Agent for Harnett County Health Department
Name:
(Revised 2/96) CNSTRCT.WPD