HAR AT COUNTY HEALTH DEPARTM IN IMPROVEMENT PERMIT

Nº 1610

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) MAK Dove of ment New Installation Septic Tank Nitrification Line Property Location: ☐ Repairs Lot #____/ Subdivision_ Tax ID #___ _____ Quadrant # _____ Number of Bedrooms Proposed: ___ Lot Size: Basement with Plumbing: Garage: Water Supply: ☐ Well Public Community Distance From Well: 50 min ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Other Polystyrens Aggregate Treach System IWWS-95-3R Type of system: ☐ Conventional Size of tank: Septic Tank: _/OOO gallons Pump Tank: _____ gallons Subsurface exact length width of depth of ft. ditches 18 max 80 ft. ditches_ Drainage Field ditches ___ of each ditch_ French Drain Required: _____ Linear feet Date: This permit is subject to revocation if site Signed: _ plans or intended use change. Environmental Health Specialist of Maintaine allreguired set bocks * Kees ditches at 18: actes * Rises & Filter will be 3/96