## HARN COUNTY HEALTH DEPARTME

No 16809

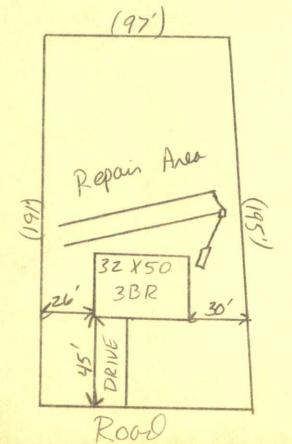
## IMPROVEMENT PERMIT

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 #\_ \_\_\_\_\_ Ouadrant # \_\_\_\_\_ Number of Bedrooms Proposed: \_ Lot Size:\_ Basement with Plumbing: Garage: Water Supply: Public Public ☐ Well Community Distance From Well: \_ Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system: Conventional Other Septic Tank: \_ Size of tank: Pump Tank: \_\_\_\_\_ gallons gallons exact length Subsurface width of depth of Drainage Field of each ditch ft. ditches ditches French Drain Required: \_\_\_\_\_ Linear feet Date: \_

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

Signed:

Environmental Health Specialist



## H JETT COUNTY HEALTH DEPA JENT AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 16809. 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 Road Name Buffaloe Luf Property Location: SR# Repair \_\_\_\_ Septic Tank \_\_\_\_ Nitrification Lines \_\_\_\_ **New Installation** Number of Bedrooms Proposed: 7 Mll Lot size: With Plumbing \_\_\_\_\_ Without Plumbing \_\_\_ Water Supply: Well \_\_\_\_\_ Public \_\_\_\_\_ Minimum Well Setback: 50\_\_ ft. Type of System: Conventional \_\_\_\_\_ Other \_\_\_\_\_ Tank Volume: Septic Tank 1000 gallons Pump Chamber \_\_\_\_\_ gallons **Nitrification Field Specifications** 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 Date: 15 Nov ZOCO

(Revised 2/96)cnstrct.wpd