HALTT COUNTY HEALTH DEPARTMENT

IIVIPROVEMENT PERM.

Nº 17006

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin construc-

tion of any building at which a septic tank system is to be used for d from the Harnett County Health Department."	disposal of sewage without first obtaining a written permit
Name: (owner) M9R Associates	New Installation Septic Tank
Property Location: SR#	Repairs Nitrification Line
Subdivision Bunset Ridge	Lot #_ 46
Tax ID#	Quadrant #
Tax ID #	Lot Size: • 42 A C
Basement with Plumbing: Garage: Water Supply: Well Public Communication Distance From Well:	- STUB OUT Plumbing Shallow
Water Supply: Well Public Communi	ity 18 to 24" Ditch Opthy - Maindain
Distance From Well:ft.	All set BACKS - Keep Drainfield
Following is the minimum specifications for sewage disposal final approval.	system on above captioned property. Subject to
Type of system: Conventional Other	
Size of tank: Septic Tank: 1000 gallons	Pump Tank: gallons
Subsurface No. of exact length of each ditch of each ditch	width of depth of
	2 ft. ditches ft. ditches in.
French Drain Required: Linear feet	12 12/ 22
This permit is subject to revocation if site Signer	
plans or intended use change.	d: Ja W & Convironmental Health Specialist
175'	221 virolimental Fleatin Specialist
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50	25 35 total
Deve	88 1 1
1 202.00	1.2
40'	103
103	
100 40t 380	
300	
AMAIL A	
20	
175'	

HAPTETT COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 17006 . 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 ______ Property Location: SR # ______ Road Name _____ New Installation Repair Septic Tank Nitrification Lines UNSET Ridge Lot# 46 Number of Bedrooms Proposed: 3 (YDXYO) Lot size: 42 AC Basement _____ With Plumbing _____ Without Plumbing _____ Water Supply: Well _____ Public ____ Minimum Well Setback: _____ ft. Type of System: Conventional ____ Other ____ Tank Volume: Septic Tank _____ 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 (Revised 2/96) CNSTRCT. WPD