HARNI COUNTY HEALTH DEPARTMENT

No 17044 IMPROVEMENT PERMIT 01-011672 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 On The left Lot # 2,05 A TRAC Subdivision Tax ID #__ _____ Quadrant # ___ _ Lot Size: 2.05 AC Number of Bedrooms Proposed: _ Basement with Plumbing: Garage: Water Supply: Well 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: Conventional Other ____ Septic Tank: 1000 Pump Tank: _____ gallons Size of tank: _ gallons Subsurface No. of ditches exact length of each ditch width of of each ditch of each ditches ft. ditches ft. ditches Drainage Field French Drain Required: _____ Linear feet This permit is subject to revocation if site Signed: _ plans or intended use change. Environmental Health Specialist 63 X54 160 300 180 432 STUB Out Plumbing Shallow IX to 2011 Dath Drilly

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HAPNETT COUNTY HEALTH DEPARTMENT AUTI RIZATION TO CONS RUCT

by Harnett County Health shall be valid for a period will be invalid if ownershi	n Department Improven not to exceed five (5) ye p, site plans, or intende	a wastewater system to the spent Permit # 17044 ears from the date of issuance. d use change.	This authorization This authorization
Owner or Authorized Age	nt Brooks O	guina	
Name:		Telephone #	893-3379
Address:			
	/	Road Name	
/ 1		ptic TankNitrificati	
		Lot #	
Number of Bedrooms Prop	osed: <u>3(54x67</u>)	Lot size: 205	
Basement Wit	h Plumbing	Without Plumbing	
Water Supply: Well	Public	_ Minimum Well Setback: _	ft.
Type of System: Convention	onal Other		
Tank Volume: Septic Tank	gallons	Pump Chamber	gallons
	Nitrification Fie	ld Specifications	
Number of fields	Number of Lines per F	ield Length of lines	103.
		$\sqrt{8-24}$ inches	
French Drain: Linear feet	required	Depth of gravel	
Harnett County Health Dep	artment has determine	to use by any person until and that the system has been in a valid operations permit ha	stalled according to
Name:		Date:) /
Revised 2/96 CNSTRCT.WPD			