HAPMETT COUNTY HEALTH DEPART TIT INIPROVEMENT PERMIT 1-5-14 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: Repairs Nitrification Line Subdivision CRESTVICL Lot # ○ Tax ID #\_\_\_\_ \_\_\_\_\_ Quadrant # \_\_\_ Lot Size: 35 AC Number of Bedrooms Proposed: Garage: STUB out Plumbing high and Basement with Plumbing: Community As Fare up the hill As possible And Pump may not Be required Water Supply: ☐ Well D Public Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Other Pung To Converted Type of system: Conventional Septic Tank: Size of tank: Pump Tank: gallons Subsurface exact length of each ditch ft. width of ditches depth of/ Drainage Field ditches \_ft. ditches\_ French Drain Required: \_ \_\_\_\_\_Linear feet Date: 03-(5-01 This permit is subject to revocation if site Signed: \_ plans or intended use change. Environmental Health Specialist

STUB Plumbing out shallow and as the up the hill as possible and lump mas not Be required - Mind onsite -18" Ditch Draths Maintain All Set Backs Do not DRIVE or proh on septice

## AU LIORIZATION TO COLUTRUCT

by Harnett County Health Department Improvement Permit # () 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 DMNy MDLAID
Name: Telephone # 897-4695
Address:
Property Location: SR # Road Name
New Installation Repair Septic Tank Nitrification Lines
Subdivision CRej turw Lot #_ 20
Number of Bedrooms Proposed: 334x54) Lot size:
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 2000 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.
Name: Date: Date:
Revised 2/96)cnstrict.wpd