NETT COUNTY HEALTH DEPART TENT

INTPROVEMENT PERIVIT 1-5-1667

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." DRRIS New Installation Septic Tank Name: (owner) Property Location: SR# Nitrification Line ☐ Repairs RESTLICW Subdivision Tax ID #_ _____ Ouadrant # ____ Lot Size: • 38 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. there to Convention 1 Other _ Type of system: ☐ Conventional Septic Tank: Ogo gallons Size of tank: Pump Tank: 1000 gallons Subsurface exact length ~ width of depth of ditches ft. ditches in. of each ditch ft. ditches Drainage Field ditches_ French Drain Required: _____ Linear feet Date: This permit is subject to revocation if site Signed: _ plans or intended use change. Environmental Health Specialist Mut onsite 18 75 24" Oth Opthi MAINTAIN 104 33×55 3BR Min Jao Faom Properto Line with Daninge Chimat Mp.2 Ol. Aside Mader

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Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 18 202. 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 Warnis Address: Property Location: SR # ______ Road Name _____ New Installation _____ Repair ____ Septic Tank ____ Nitrification Lines _____ RUTVIEW Sit Lot# 34 Number of Bedrooms Proposed: 3(33×55 Lot size: 4 38 A 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 1000 gallons **Nitrification Field Specifications** Number of fields _____ Number of Lines per Field ____ Length of lines _________ Width of ditches $\frac{3}{18-24}$ 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