IETT COUNTY HEALTH DEPAR ENT H

INIPROVEMENT PERIVITO 1-5-1X64 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." ORRIS New Installation Septic Tank Name: (owner) Property Location: SR#_ ☐ Repairs Nitrification Line Subdivision RESTUTE W ____ Lot #_ 89 Tax ID #____ _____ Quadrant # _____ Lot Size: • 53 AC Number of Bedrooms Proposed: Basement with Plumbing: Garage: 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 ____ Size of tank: Septic Tank: Pump Tank: _____ gallons gallons depth of 8-2-1 in. Subsurface No. of ditches 2 exact length of each ditch ft. ditches ft. depth of depth of ditches Drainage Field French Drain Required: _____ Linear feet Date: 5-1-01 This permit is subject to revocation if site plans or intended use change. Environmental Health Specialist JE HRO 62

H ETT COUNTY HEALTH DEPAI IENT AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described 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 DANN HORRI Name: ______ Telephone # <u>\$92</u> - 4345 Property Location: SR # ______ Road Name _____ Repair _____ Septic Tank _____ Nitrification Lines _____ New Installation Subdivision _____ Restury Lot # 89 Number of Bedrooms Proposed: 3(33×54) Lot size: ____, 53 AZ Basement _____ With Plumbing ____ Without Plumbing _____ Water Supply: Well _____ Public _____ Minimum Well Setback: _____ ft. Type of System: Conventional _____ Other _____ Tank Volume: Septic Tank Oo 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) NSTRCT. WPD