1-5-2538

HARTTT COUNTY HEALTH DEPARTM

Nº 18011

IN ROVEMENT PERMIT

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."

Name: (owner) Crod:	New Installation	Septic Tank
Property Location: SR# 1415 Rowls Chard RJ.	☐ Repairs	Nitrification Line
Subdivision hegacy at Roads Lot # 15		
Tax ID #		
Number of Bedrooms Proposed: Lot		
Basement with Plumbing: Garage:		
Water Supply: Well Public Community		
Distance From Well:ft.		
Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.		
Type of system: Conventional Other	to Conventional	
Size of tank: Septic Tank: _/OUO gallons Pur	mp Tank: /ouu gall	lons
Subsurface No. of exact length of each ditch of each ditch.	width of de ditches 3 ft. dit	pth of ches 12-18 in.
French Drain Required: Linear feet	1 1	Gigal of cover
This permit is subject to revocation if site plans or intended use change. Date: 8//0/200/ Signed: Environmental Health Specialist		
* Maintain all set backs * Kun ditch on contour * Contractor to meet on site prior to installing syste 371 APP NOT	To Service of State o	P. J. S. 138 27
	95' Turnberry	C+.

AU I HORIZATION 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 _____ Name: //orman Grad. Telephone # 919-639-7826 Address: 310 Winberly St. Angio N. C. 2754 Property Location: SR # _______ Road Name _ Rowl Church New Installation ____ Repair ___ Septic Tank ___ Nitrification Lines ____ Subdivision Legacy of Rowl Lot # 15 Number of Bedrooms Proposed: _______ Lot size: ______ 469Ac Basement _____ With Plumbing _____ Without Plumbing _____ Water Supply: Well _____ Public ____ Minimum Well Setback: ___ St. Type of System: Conventional _____ Other Pome to Conventional Tank Volume: Septic Tank /OOO gallons Pump Chamber /OOO gallons **Nitrification Field Specifications** Number of fields ____/ Number of Lines per Field ___/ Length of lines ______ 300 ft. Width of ditches 3 ft. Depth of ditches 12-18 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 Name: Sup Mchain N.S. Date: 8/10/2001 (Revised 2/96)CNSTRCT.WPD