HARN

COUNTY HEALTH DEPARTME

No 19220

IMPROVEMENT PERMIT

5-3/14 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: SR#_ ☐ Repairs Nitrification Line satchine Subdivision _____Lot # _____ Quadrant # ___ Tax ID #____ Lot Size: _ · BAC Number of Bedrooms Proposed: _ Basement with Plumbing: Garage: Water Supply: ☐ Well Public Community Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional Type of system: Other___ Septic Tank: 1000 gallons Pump Tank: _____ gallons Size of tank: Subsurface No. of exact length of each ditch 350 ft. width of depth of ditches ft. ditches depth of Drainage Field ditches Linear feet French Drain Required: _ Date: 01-15-03 This permit is subject to revocation if site Signed: _ plans or intended use change. Environmental Health Specialist 155 Mut onsite STUB Out Plusing 22 Stallow where shows 3BR(50×44 Mointain All SolBacks Donot DrivE on park on 12' Dave Syptic system

HAR T COUNTY HEALTH DEPART VT AUTHORIZATION TO CONSTRUCT

| Authorization is hereby given to construct a wastewater system to the specifications described |
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| by Harnett County Health Department, Improvement Permit # 1922 . 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. |
| Hatel Cont. 910-322-5052 Name Telephone# |
| Name Telephone# |
| |
| Address |
| 1/08 |
| Property Location SR# Road Name |
| Yorksha Montage 31 3 (50x44) 43ac |
| Subdivision Lot # # Bedrooms Proposed Lot Size |
| · |
| TYPE OF SYSTEM |
| [New Installation [] Repair [Septic Tank [] Nitrification Lines |
| [] Conventional [] Other |
| [] Basement [] With Plumbing [] Without Plumbing |
| Water Supply: [] Well [Public Water Supply Minimum Well Setback:Ft. |
| Septic Tank OOO Pump Chamber |
| NITIRFICATION FIELD SPECIFICATIONS |
| Number of fields # of lines per field Length of lines 55 Ft. |
| Width of ditches ft. Depth of ditches inches |
| width of ditches it. 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. |
| 3-1503 |
| Signature of Authorized Agent for Harnett County of Harnett Date |
| Date |