HARNI COUNTY HEALTH DEPARTME

IMPROVEMENT PERMIT

No 18851

1-5-3396 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 Subdivision Tax ID #___ _ Ouadrant # -Number of Bedrooms Proposed: 2 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. 25% De Gravel less Type of system: ☐ Conventional Other_ Red. Septic Tank: 1000 gallons Size of tank: Pump Tank: 1000 gallons Subsurface exact length width of Drainage Field of each ditch of ft. ditches_ ditches French Drain Required: _ _____Linear feet This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist 258 16 DRIVE 1 14; Meet onsite Before Installing 18" Otch Depths - Maintain All SetBaks Do not DRIVE DR PARK on Septic System

ARNETT COUNTY HEALTH DEPART VT **AUTHORIZATION TO CONSTRUCT**

Authorization is hereby given to construct a wastewater system to the specifications described 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.
Name 252 - 321-6237 Telephone #
Name VRG Holdings Name Vlos Courtry Dan Greenville NL Address
Address /// //
Property Location SR# Road Name
Colonial H.IV 74 3(36x65) 651 A1 Subdivision Lot # # Bedrooms Proposed Lot size
Subdivision Lot # # Bedrooms Proposed Lot size
TYPE_OF SYSTEM
New Installation [] Repair Septic Tank Nitrificiation Lines
[] Conventional Other http://www. []Basement []With Plumbing [] Without Plumbing
Water Supply: [] Well Public - Minimum Well Setback: 55 Ft.
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field Length of lines Ft.
Width of ditches
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.
Signature of Authorized Agent for Harnett County Date