## HARNETT COUNTY HEALTH DEPARTMENT Nº 19475 IMPROVEMENT PERMITO 2-5-3707 R.J.

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." William In 1 Chr. + Name: (owner) Mew Installation Variety Septic Tank Property Location: SR# Repairs Nitrification Line Subdivision Tax ID #\_ \_\_ Quadrant # -Number of Bedrooms Proposed: 4 (40x45) Lot Size: 3.31 A - Please Basement with Plumbing: ten fam anul Garage: note □ Community Be Required STUB Oct Plumbing Water Supply: M Public ☐ Well Shallow Where Shown - Mult Meet contentur Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system: Other Kum to Conventional Conventional Septic Tank: 1000 gallons Size of tank: Pump Tank: <u>/0つ</u>。 Subsurface No. of exact length 455 midth of 3 ft. width of 3 depth of Drainage Field ditches\_ \_ ft. ditches / French Drain Required: Linear feet 62832 Ullypin Date: \_ This permit is subject to revocation if site plans or intended use change. Environmental Health Specialist The Reason cax note Scotic hange In nowie location ARLA No Part of house To Be Any closer a The 17000c c.to Property Line 10x A Tion TOJR Book Londing Mease note The home must be 50 from the Front Property Line VO PART of The home CAN be Any closer Than 50' from Front Property we 1AT not Require Pump- Must meet onsite Before Installing-Must meet All'set Ban estill meet 18" Outch Durths

## HAY ETT COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # (1) (7). 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.
William Gilcharit 893-1112
Name Telephone #
Address   244
Property Location SR# Road Name
Subdivision  Lot # Bedrooms Proposed  Lot size  TYPE OF SYSTEM  [New Installation [] Repair   Septic Tank [] Nitrificiation Lines  [Septic Tank [] Nitrificiation Lines
Subdivision Lot # # Bedrooms Proposed Lot size
lot / is A consumt
TYPE OF SYSTEM of Lots IA - LOD ACR
18-1.15 ACRE
[ New Installation [ ] Repair [ ] Septic Tank [ ] Nitrificiation Lines   C -   .   6 ACRU    Conventional Other   With Plumbing [ ] Without Plumbing   3.3   0.00
5701
[ ] Conventional Other Wyto Cow- [ ]Basement [ ]With Plumbing [ ] Without Plumbing 3.31 oc
Water Supply: [ ] Well Public - Minimum Well Setback: 50 Ft.  Septic Tank Pump Chamber 1000 NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field Length of lines Ft.
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.
Signature of Authorized Agent for Harnett County  Date