HARNE

COUNTY HEALTH DEPARTMEN

No 17673

IMPROVEMENT 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." New Installation Septic Tank Name: (owner) DANNY Porris Property Location: ☐ Repairs Nitrification Line Subdivision Viney Ard Lot # /7 Tax ID #_____ Ouadrant # Number of Bedrooms Proposed: __ Lot Size: Basement with Plumbing: Garage: Water Supply: Public Public Community 50 mi - ft. 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: /000 gallons Size of tank:

Pump Tank: _____ gallons Subsurface No. of exact length

exact length width of depth of of each ditch / 60 ft. ditches 3 ft. ditches 18-26 in. depth of Drainage Field ditches

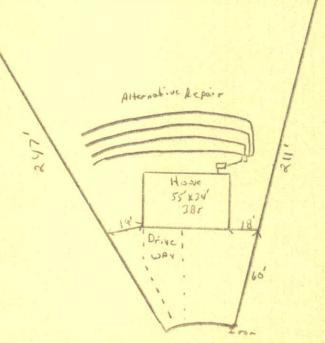
French Drain Required: _____ Linear feet

This permit is subject to revocation if site plans or intended use change.

Signed: _

Environmental Health Specialist

* Maintain all set backs x Runditcher on contour + NO DEEPER then 20: when



THORIZATION TO CONST CT

| Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # | | | |
|--|---------------|------------------------|----------|
| DA MANY NOSS'S | | F92-47 | V.T |
| Name Nowis | | F92- 43 Telephone # | 10 |
| P.O. Box 727 Donn, N.C. | 28335 | | |
| 1435 | | Road Name | |
| Property Location SR# | Road Name | | |
| Vincy and / | 7 3 | | 1.116 |
| Subdivision Lo | t # # Bedroom | ms Proposed | Lot size |
| | | | |
| TYPE OF SYSTEM | | | |
| [] New Installation [] Repair [] Septic Tank [] Nitrification Lines | | | |
| Conventional Other | | | |
| [] Basement [] With Plumbing [] Without Plumbing | | | |
| Water Supply: [] Well [Public - Minimum Well Setback: 50 Ft. | | | |
| NITRIFICATION FIELD SPECIFICATIONS | | | |
| Number of fields / # of lines per field $\frac{1}{2}$ Length of lines $\frac{1}{2}$ Ft. | | | |
| Width of ditches 3 ft. Depth of ditches $18-20$ 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 | 2/20/20 | or C Date | |