2.5.3450

## HARNE COUNTY HEALTH DEPARTMEN

Nº 17676

## **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." Name: (owner) New Installation Septic Tank Property Location: ☐ Repairs Nitrification Line Subdivision Tax ID #\_ \_\_\_\_\_ Quadrant #\_ Number of Bedrooms Proposed: \_ \_ Lot Size: \_\_\_. 574 A c 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. Type of system: Conventional Other\_ Septic Tank: \_\_/ @ gallons Size of tank: Pump Tank: \_\_\_\_\_ gallons Subsurface No. of exact length of each ditch 80 ft. ditches Drainage Field ditches Linear feet French Drain Required: \_ This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist \* Maintain all setbacks cond- Repu-Rosed

## LARNETT COUNTY HEALTH DEPART NT LATINGTICATION TO CONST. JCT

Authorization is hereby given to cons Harnett County Health Department,	struct a wastew	ater system to the	specification	ns described by	
authorization shall be valid for a peri	od not to excee	ed five (5) years fr	om the date	I DIS of issuance.	
This authorization will be invalid if ow	nership, site pl	ans, or intended u	se change.		
Name Contractor			919-	639-6100	
Name			Telephone #		
P.O. Box 969 Angier, W.	1026				
Address		2)			
1939 Property Location SR#		Wed Dening			
	70		Road Name		
Adams Pointe		3		.5742.	
Subdivision	Lot #	# Bedrooms Prop	oosed	Lot size	
	TYPE OF S	YSTEM			
Norw Installation [ ] Densin [ ]	#-T-1-1-1				
New Installation [ ] Repair [ ] Sep	pue lank [/] N	itrification Lines			
[ Conventional Other		<del></del>			
[ ] Basement [ ] With Plumbing	[ ] Without Pla	umbing			
Water Supply: [ ] Well [ Public - Minimum Well Setback: 50 Ft.					
NITRIFICATION FIELD SPECIFICATIONS					
<u>;</u>			_		
Number of fields # of lines per	field3	_ Length of lines _	80 Ft.		
Width of ditches ft. Depth of	ditches $18-24$	inches			
	9				
French Drain: Linear feet required	Depth of	gravel			
No wastewater system shall be	e covered or	placed into use	by any nee	son until on	
inspection by the Harnett County	y Health Den	partment has de	termined t	hat the evetem	
has been installed according to the conditions of the Improvement Permit and that a					
valid Oper	ations Permi	it has been issu	ed.		
R of ac		1/			
Dune Mouin 1.).	· · · · · · · · · · · · · · · · · · ·	z /20/202 Date			
Signature of Authorized Agent for Harnett Count	У	Date			