H VET DUNTY HEALTH DEPAI

IIVIPHOVEMENT 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) Kong Holder New Installation Septic Tank Property Location: SR#_ ☐ Repairs Nitrification Line Lot # 2 Subdivision -Tax ID #___ _____ Ouadrant # -Number of Bedrooms Proposed: _ Basement with Plumbing: Garage: 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 Pump Tank: Oos gallons Size of tank: Septic Tank: 1000 gallons Subsurface exact length of each ditch ft. width of the depth of ditches ft. depth of ditches Drainage Field ditches French Drain Required: _____ Linear feet This permit is subject to revocation if site Signed: _ plans or intended use change, Environmental Health Specialist Must meet ansite For F.WAL LAYOUT Keep TANKS 50' Arompord And 20 from House 18" max Ottch Depths 29' Existing DONE

OUNTY HEALTH DEPART AUTHGAIZATION TO CONSTRUCT -

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit #
ROMIZ Holden 914-494-6203
Name 919-499-6203 Telephone #
Address
1205
Property Location SR# Road Name
Subdivision Q 2 Control 3(84+53)
TYPE OF SYSTEM
New Installation [] Repair Septic Tank [Nitrification Lines
New Installation [] Repair Septic Tank [Nitrification Lines [] Conventional Other
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 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.
Jahar 4-18-02
Signature of Authorized Agent for Harnett County Date