DUNTY HEALTH DEPARTMENT HARNET

IMPROVEMENT PERMIT

No 19046 Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin construc-

tion 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." 34 depr New Installation Septic Tank Name: (owner) Property Location: SR# ☐ Repairs Nitrification Line Subdivision Lot # Tax ID #____ _____ Ouadrant # ___ Number of Bedrooms Proposed: Lot Size: 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. Type of system: Conventional Other __ Septic Tank: | O gallons Pump Tank: _____ gallons Size of tank: Subsurface exact length of each ditch 300 ft. ditches 3 ft. depth of ditches in. 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 200 BOAC 107 DIVE 31 EAsement STUB Out Plumbing shallow where shown or pumper. II.

Be Required - Maintain All set Backs - Oo Norl DRIVE OR

PARK ON Septic system - START Lines shallow Pun to 24' Turn

I Run Dack Along contains

H ETT COUNTY HEALTH DEPARTMENT AU...ORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 19076. This authorization shall be valid for a period not to exceed five (5) years from the date of issuance.	
Home Co Builders	892-4341 Telephone #
Name	Telephone #
Address	
1115	
Property Location SR#	Road Name
Yearh True 171	3 (4dx35), 491
Subdivision Lot #	# Bedrooms Proposed Lot size
TYPE OF	SYSTEM
New Installation [] Repair 1 Septic Tank 1	Nitriffection Lines
Thew installation [] Repair 1 Septic Tank	NRTHCation Lines
Y (C	
Conventional Other	
[] Basement [] With Plumbing [] Without Plumbing	
Water Supply: [] Well Public - Minimum Well Setback:Ft.	
NITRIFICATION FIELD SPECIFICATIONS	
Number of fields # of lines per field Length of lines Ft.	
Number of fields # of lines per field Length of lines Ft.	
Width of ditchesft. Depth of ditchesinches	
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.	
(La Ca Als	415-02
Signature/of Authorized Agent for Harnett County	Date