HARNETT

UNTY HEALTH DEPARTMENT

1º 13856

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 Freddie Joseph Septic Tank Name: (owner) SR# Property Location: ☐ Repairs Nitrification Line BAIN Subdivision Lot# Tax ID #_ Ouadrant #_ _ Lot Size: 10.10 Ac Number of Bedrooms Proposed: Basement with Plumbing: Garage: Water Supply: Public ☐ Community Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Lyguegate Trenche when I WW - 95-37 Type of system: ☐ Conventional Septic Tank: _/000 gallons Size of tank: Pump Tank: _____ gallons Subsurface No. of exact length width of depth of __ ft. ditches _18-24 in. of each ditch 80 ft. 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 * Maintain all setbacks * Runditches on contour

___NETT COUNTY HEALTH DEPARTMI **AUTHORIZATION TO CONSTRUCT**

Authorization is hereby given to construct a wastewater system to the specifications described by
Harnett County Health Department, Improvement Permit # /3856. 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.
Fredd: e Joseph 919-639-7566
Name Telephone #
4761 Awy 210 North Angio-, N.C. 27501
Neill's Creek
Property Location SR# Road Name
BAIL AMERICA 7 3 10.10 Ac Subdivision Lot # # Redrooms Proposed Lot size
Subdivision Dot # Bedrooms Proposed Lot size
TYPE OF SYSTEM
New Installation [] Repair [Septic Tank [Nitrification Lines
[] Conventional Other Polystyrone Aggregate Trench System I WWS-95-31
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [Well [] Public - Minimum Well Setback:/odFt.
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field Z Length of lines &O _ 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