HARNETT UNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT

10 19067

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 Name: (owner) Property Location: SR# Nitrification Line CArh TRee Subdivision Lot # /6 Tax ID #___ _____ Ouadrant # ___ 3 (33×52) Number of Bedrooms Proposed: Basement with Plumbing: ☐ Community Water Supply: Public Distance From Well: Must move hent back to 75' from Proposition Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Other_ Type of system: Conventional Size of tank: Septic Tank: 100 gallons Pump Tank: _____ gallons Subsurface exact length of each ditch server ft. ditches ft. depth of ditches ft. ditches ft. ditches ft. 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 110 36 15 361 211 MAINTAIN All set Baks - Follow conto-10

Do not Dove on pack on septice system

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 # 17067 . This		
authorization shall be valid for a period not to exce	ed five (5) years from the c	late of issuance.
This authorization will be invalid if ownership, site p	lans, or intended use chang	re.
Vann (Vori)	892 4345 Telephone #	
Name 0	Telephor	ne#
Address		
1115		
Property Location SR#	Road Name	
PEACH TREC 161	3(33,52)	:56Ac
Subdivision Lot #	# Bedrooms Proposed	Lot size
TYPE_OF SYSTEM		
1 Now Installation [] Possin 1 Scartie Toule [A Nice of A Vision of A		
Nitrification Lines		
New Installation Repair Septic Tank Nitrification Lines 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.		
Width of ditches ft. Depth of ditches fr. Depth of ditches		
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.		
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Signature of Authorized Agent for Harnett County	70502	
The state of the s	Date	