02-5.4593

HARNETT JNTY HEALTH DEPARTMENT

º 13871

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 Septic Tank Name: (owner) Crary Austes SR# 15/0 Matthews M. 11 Pand N . 11 Repairs Nitrification Line Property Location: Subdivision _____ Lot #____ Tax ID # ______Ouadrant # _____ Number of Bedrooms Proposed: _______ Lot Size: ______ Basement with Plumbing: Garage: Public Water Supply: ☐ Community Distance From Well: _______ ft Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional Type of system: Other ____ Septic Tank: / OO gallons Pump Tank: _____ gallons Size of tank: Subsurface No. of exact length width of depth of of each ditch 400 ft. ditches 3 ft. ditches 1.21 in. Drainage Field ditches French Drain Required: _____ Linear feet Date: This permit is subject to revocation if site Signed: _ plans or intended use change. Environmental Health Specialist 143 * Maintain all set backs * hun di. tales un contour Hose 30-62 X57' 241 D C 110 A

H. ETT COUNTY HEALTH DEPARTMEN AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit #
Name Const. 919-639-6594 Telephone #
3055 Old Buier Creek Ra Angia, N.S. 27501
Property Location SR# Multiple M.II Pond, Road Name
Subdivision Lot # # Bedrooms Proposed Lot size
TYPE OF SYSTEM [New Installation [] Repair [Septic Tank [] Nitrificiation Lines [Conventional Other [] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well Public - Minimum Well Setback: Ft. Septic Tank Occ Pump Chamber NITRIFICATION FIELD SPECIFICATIONS Number of fields # of lines per field Length of lines /C 0 Ft.
Width of ditches
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