## HARNTT COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT 03-5-533 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." NEAVE New Installation Septic Tank Name: (owner) Property Location: ☐ Repairs Nitrification Line Subdivision \_\_\_\_ Lot # /5 Tax ID #\_\_\_ \_\_\_\_\_ Ouadrant # \_\_\_\_ Lot Size: 32 553 Number of Bedrooms Proposed: Basement with Plumbing: Garage: 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 Size of tank: Pump Tank: \_\_\_\_\_ gallons Subsurface exact length exact length of each ditch ditches ft. depth of ditches in. Drainage Field ditches French Drain Required: \_\_\_\_\_ Linear feet This permit is subject to revocation if site nvironmental Health Specialist plans or intended use change. Mest Doute for Final LANA STUBBLE Plumbing shallow 18 to 24" p. til Opth Manlain All 35 DRIVE 300

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## HA TT COUNTY HEALTH DEPARTMEN AUT IN ORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater systement County Health Department, Improvement Permit #	19586 This
authorization shall be valid for a period not to exceed five (5) This authorization will be invalid if ownership, site plans, or in	) years from the date of issuance.  stended use change.
_ Wear	632-2100
Name	Telephone #
Address	
Property Location SR#	Road Name
Synut Ridge 153 31	(40x6) 32,550, fo
	drooms Proposed Lot size
TYPE OF SYSTEM	
New Installation [ ] Repair   Septic Tank   Nitrificiati	ion Lines
Conventional Other [ ]Basement [ ]Wi	ith Plumbing [ ] Without Plumbing
Water Supply: [ ] Well [ Public - Minimum Well Setback: 50 Ft. Septic Tank Pump Chamber	
NITRIFICATION FIELD SPECIFICATIONS	
Number of fields # of lines per field Length of lines Ft.	
Width of ditchesft. Depth of ditchesinches	
French Drain: Linear feet required Depth of gravel	
No wastewater system shall be covered or placed inspection by the Harnett County Health Department has been installed according to the conditions of the valid Operations Permit has be	nt has determined that the system e Improvement Permit and that a
Signature of Authorized Agent for Hornett County	24-32