HARNETT COUNTY HEALTH DEPARTMI

No 19757

IM. ROVEMENT 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) Property Location: SR#. ☐ Repairs Nitrification Line Lot # 66 Subdivision (Re) TUIE W Tax ID #____ _____ Quadrant # _____ Lot Size: 035AC Number of Bedrooms Proposed: 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 ____ Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons No. of 40 exact length width of ditches ft. ditches Subsurface width of depth of ditches ft. ditches Drainage Field French Drain Required: _ _____ Linear feet This permit is subject to revocation if site Signed: _ plans or intended use change. Environmental Health Specialist 152' 63 100 0 89 20 Mandan all Sol Back MAINTAIN All Sel Backs

Do not Drive or Park on Septic system

HAPATETT COUNTY HEALTH DEPARTMENT AUT RIZATION TO CONSTRUC

Authorization is hereby given to	construct a wastev	water system to the specifica	tions described by
Harnett County Health Departn	ent, Improvement	Permit # 17757	. This
authorization shall be valid for a This authorization will be invalid	i period not to exce	ed live (5) years from the di	ate of issuance.
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HutAM Cont.		¥94-2	
Name	Telephone #		
Address			
D CD#			
Property Location SR#	6	Road Nam	le
Chestura	00	3 (54x 42)	3) A(
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: 5 Ft. Septic Tank Pump Chamber			
NITRIFICATION FIELD SPECIFICATIONS			
Number of fields # of lines per field Length of lines Ft.			
Width of ditches ft. Depth of ditches inches			
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French Drain: Linear feet required Depth of gravel			
French Diani. Linear rect required	Deptil (of graver	
No wastewater system s	hall be covered o	or placed into use by one	person until an
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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the WIN		4-20-02	
Signature of Authorized Agent for Harnett County Date			