HARNET OUNTY HEALTH DEPARTMEN

03-5-5814

IMPHOVEMENT 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) _ (smfort /tomes Property Location: Repairs ☑ Nitrification Line Subdivision Forest Trails _____ Lot #_ 72 Tax ID #_____ Quadrant #____ 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. Other IWWS-55-3R-EEE ZZZLAY Type of system: Conventional Septic Tank: 1000 gallons Pump Tank: _____ gallons Size of tank: No. of ditches 4 exact length width of depth of of each ditch 60 ft. ditches 3 ft. ditches 16-18 in. Subsurface Drainage Field French Drain Required: _____ Linear feet This permit is subject to revocation if site Signed: Environmental Health Specialist plans or intended use change. HOME Repens 5 R Repens 5 R VE

#03-5-5814

HADNETT COUNTY HEALTH DEPARTMEN AUT ORIZATION TO CONSTRU

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 19872 . 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.	
Nombers Homes	918-553-3242
Name	Telephone #
Name P.O. BOD 369 Clayton Address	N.C. 27520
Address / ///Z Property Location SR#	
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Forest Trage 5 72 Subdivision Lot#	3 .461
Subdivision Lot #	# Bedrooms Proposed Lot size
[New Installation Repair Septic Tank Nitrificiation Lines [Conventional Other	
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	/Z-18-0Z Date