COUNTY HEALTH DEPARTMI HARN

No 19203

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." Septic Tank New Installation Name: (owner) _ Property Location: SR# ☐ Repairs Nitrification Line Subdivision Lot # Tax ID #__ Ouadrant # Number of Bedrooms Proposed: Basement with Plumbing: Water Supply: Community Music ☐ Well Public Public 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: Size of tank: _ gallons Pump Tank: _____ gallons Subsurface No. of exact length width of of each ditches ft. width of depth of Drainage Field ditches ft. ditches French Drain Required: __ __ Linear feet This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist INL 100 100 10

HARNETT COUNTY HEALTH DEPARTMENT AU ORIZATION TO CONSTRI

Authorization is hereby given to Harnett County Health Departm	construct a wastewater system to the specifications described by tent, Improvement Permit #
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.
DAMAY NOLLAS	872-4345
Name U	Telephone #
Address	
Property Location SR#	Road Name
CRETITION	110 3(S(x3)) 0345m
Subdivision	Lot # # Bedrooms Proposed Lot size
	TVDD OF SYSTEM
	TYPE OF SYSTEM
New Installation Pengir	Septic Tank Nitrificiation Lines
1) Lee and 1 Inchain [Septic Tank Mirmeration Lines
Conventional Other	[]Basement []With Plumbing [] Without Plumbing
Water Supply: [] Well [Public - Minimum Well Setback:Ft. Septic Tank Pump Chamber	
NITI	RIFICATION FIELD SPECIFICATIONS
,	
Number of fields# of line	es per field Length of lines $\frac{\partial \mathcal{L}}{\partial \mathcal{L}}$ Ft.
2	19 216
Width of ditchesft. Dep	oth of ditches $\frac{y_{\alpha}y_{\alpha}}{y_{\alpha}}$ inches
French Drain: Linear feet required	Depth of gravel
No wastewater system sh	all be covered or placed into use by any person until an
inspection by the Harnett C	ounty Health Department has determined that the system
has been installed according	g to the conditions of the Improvement Permit and that a
valid	Operations Permit has been issued.
(In WAY)	DFO2 - DJ t County Date
Signature of Authorized Agent for Harnet	t County Date