HARI T COUNTY HEALTH DEPARTM

Nº19928

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." Kicky LAWSON New Installation Septic Tank Name: (owner) Property Location: SR# ☐ Repairs Nitrification Line Subdivision Lot# Tax ID #____ _____ Quadrant # ____ Lot Size: 175 x 150 x 175 x 150 Number of Bedrooms Proposed: NOTE CHANG IN now Garage: Basement with Plumbing: Lacation ☐ Community 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: / gallons Size of tank: Pump Tank: _____ gallons Subsurface No. of exact length of each ditch ft. width of depth of ditches ft. ditches depth of 10 MAX 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 Puro Repair 150 · WATErmeter 9 Side entry GARAGE STUB out Plumbing shallow where shown or pump will be Water meter must Be Placed on the Right side of the lot AWAY foom proposed Septil AMA + Onsite Before Installing Scotic System

HADNIETT COUNTY HEALTH DEPARTMENT - AU' ORIZATION TO CONSTRU

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 9988. 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	
TAMMy LAWSON	893-4557
Name	Telephone #
Address Ve STReet Property Location SR#	
Property Location SR#	Road Name
Mine Hill	3(64x47) 178×150×175×150
Subdivision Lot #	# Bedrooms Proposed Lot size
TYPE OI	F SYSTEM
New Installation [] Repair [Septic Tank [Nitrificiation Lines	
Conventional Other []Base	ment []With Plumbing [] Without Plumbing
Water Supply: [] Well [Public - Minimum Well Setback:Ft. Septic Tank Pump Chamber	
NITRIFICATION FIELD SPECIFICATIONS	
	Length of lines Ft.
2 /x max	
Width of ditches ft. Depth of ditches inches	
French Drain: Linear feet required Depth of gravel	
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.	
() L MM)	12.13.62
Signature of Authorized Agent for Harnett County	Date