## HARNETT COUNTY HEALTH DEPARTM

IM. ROVEMENT PERMIT 13-5-5

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 Subdivision TORKINA Tax ID #\_\_\_\_ Ouadrant # Lot Size: 77AC Number of Bedrooms Proposed: Basement with Plumbing: Garage: Water Supply: ☐ Well N 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: 1000 gallons Size of tank: Pump Tank: \_\_\_\_\_ gallons Subsurface exact length of each ditch of ft. ditches ft. depth of ditches Drainage Field ditches French Drain Required: \_\_\_\_\_ Linear feet 26-07 This permit is subject to revocation if site Signed: \_ plans or intended use change. Environmental Health Specialist 403 mital Tee Post 10 C. 28x48 BR 20 Shallow where show Follow contains King Dranting do far All Property Lines with Ensint, Allow them Or sapti South

## HAI IT COUNTY HEALTH DEPARTMEN' AUT... RIZATION TO CONSTRUCT

Harnett County Health Department, Improvement Permit # 19904. 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.
가는 보다 마른 사람들은 마른 사람들이 다른 사람들이 가장 보는 것이 되었다. 그는 사람들이 되었는데 되었는데 되었는데 그리고 있다면
Name 0
Telephone #
Address
1108
Property Location SR#  Road Name
Youthin (Intatus 48 3/2xxxx)
Subdivision Lot # Bedrooms Proposed Lot size
TYPE OF SYSTEM
New Installation [ ] D N. A.G
New Installation [ ] Repair   Septic Tank [ ] Nitrificiation Lines
Conventional Other
Conventional Other [ ]Basement [ ]With Plumbing [ ] Without Plumbing
Water Supply: [ ] Well Public - Minimum Well Setback:Ft.
Septic Tank Pump Chamber
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field Length of lines Ft.
X 2/
Width of ditches ft. Depth of ditches inches
French Drain: Linear feet required Depth of gravel
No wastewater system shall be covered and a line in the covered and a
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 condition.
has been installed according to the conditions of the Improvement Permit and that a
valid Operations Permit has been issued.
h. 1 d (1)
Signature of Authorized Agent for Harnett County  Date
Date