HARN [COUNTY HEALTH DEPARTM]

IMPROVEMENT PERMIT

Nº 19227 03-5-6337

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." Name: (owner) Rent Prence New Installation Septic Tank Property Location: SR#____ ☐ Repairs Nitrification Line _____ Lot #_ /3\ Subdivision Tax ID #____ _____ Ouadrant # ____ Number of Bedrooms Proposed: 3 (32×50)

Lot Size: 100 × 200 × 100 × 200

Basement with Plumbing:

Garage:

Require Pump Water Supply: Well Public Community Community Distance From Well: ______ ft 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 Pump Tank: (000 gallons Size of tank: No. of ditches 4 exact length of each ditch 75 ft. ditches 3 ft. depth of 18-24 in. Subsurface Drainage Field French Drain Required: _____ Linear feet Date: 02-03-03
Signed: Environmental Health Specialist This permit is subject to revocation if site plans or intended use change. 100 20 200 Do not Dave se prich or SYTHEM Med onsite Mentain All Sch Back

HARN [COUNTY HEALTH DEPARTN___T AUTHORIZATION TO CONSTRUCT

by Harnett County Health Department, Improvement Permit # 1927. 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.	
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Mant Picace	5/2-424-1294
Name	Telephone#
Address	
/14.	
Property Location SR#	Road Name
Subdivision Lot #	# Bedrooms Proposed Lot Size
TYPE OF SYSTEM	
New Installation [] Repair Septic	Tank Nitrification Lines
New Installation [] Repair Septic Tank [Nitrification Lines [] Conventional Souther 5 Conventional	
[] Basement [] With Plumbing [] Without Plumbing	
Water Supply: [] Well Public Water Supply Minimum Well Setback:Ft.	
Septic Tank / 000 Pump Chamber / 000	
NITIRFICATION FIELD SPECIFICATIONS	
Number of fields# of lines per fiel	d Length of lines Ft.
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.	
(Ir WAR)	02-03.03
Signature of Authorized Agent for Harnett County of Har	nett Date