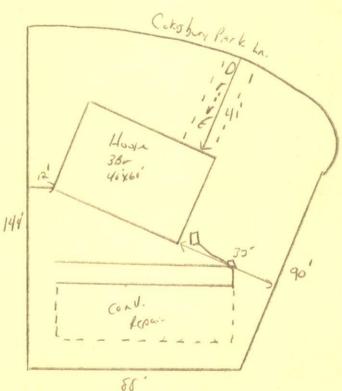
HARNI

COUNTY HEALTH DEPARTMENT

No.19745

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." New Installation Builder Septic Tank Name: (owner) SR# Property Location: ☐ Repairs Nitrification Line Subdivision Lot# Tax ID #____ _____ Ouadrant # ___ Lot Size: 15,000 ft2 Number of Bedrooms Proposed: Basement with Plumbing: Garage: Water Supply: 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 Size of tank: Septic Tank: 1000 Pump Tank: _____ gallons _ gallons Subsurface exact length width of depth of of each ditch 75 ft. ditches 3 in. Drainage Field ditches French Drain Required: _____ Linear feet This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist * Maintin all setbacks



HARNETT COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONSTRUCT

by Harnett County Health Department, Improvement Permit #
Name 9196392073 Telephone#
Address Telephone#
Property Location SR# Coher burny Road Name
Coker husy
Subdivision Lot # Bedrooms Proposed Road Name /5_ccc 42 Lot Size
TYPE OF SYSTEM
[New Installation [] Repair Septic Tank Nitrification Lines
[Conventional [] Other
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well [Public Water Supply Minimum Well Setback: 50 Ft.
Septic Tank 1000 gd Pump Chamber gd
NITIRFICATION FIELD SPECIFICATIONS
Number of fields / # of lines per field 2 Length of lines 75 Ft.
Width of ditches ft. Depth of ditches fr. Depth of ditches ft.
French Drain: Linear feet required Depth of gravel
No.
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.
Buy Melia RS.
Signature of Authorized Agent for Harnett County of Harnett Date