03-5-6383

INETT COUNTY HEALTH DEPA

IENT

Nº 19/49

IMPROVEMENT PERMIT

03-5-6383 R

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 Name: (owner) Septic Tank Property Location: ☐ Repairs Nitrification Line Subdivision Lot# Tax ID #_ _____ Ouadrant # ___ Lot Size: /. ∞ A c Number of Bedrooms Proposed: Basement with Plumbing: Garage: Water Supply: Public ☐ Community Jonin ft. 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: _/ooo _ gallons Pump Tank: _____ gallons Subsurface exact length width of depth of of each ditch 50 ft. ditches 3 Drainage Field ditches_ ft. ditches 18-24 in. French Drain Required: _____ Linear feet This permit is subject to revocation if site plans or intended use change. vironmental Health Specialist 150 147

Cokobory Leas

HARL __T COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONSTRUCT

03-5-6383 R

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit #
Name Stari. Boilders Name 919 639 2073 Telephone#
Name 919 639 2073
Mame White Stract Rd. Ang. er, N. C. 2750/ Address
Property Location SR# Cokes bury Road Name
Road Name
Subdivision Road Name Color
Bedrooms Proposed 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: Ft.
Septic Tank / 000 gd Pump Chamber gd
NITIREICATION FIELD CRECKED
NITIRFICATION FIELD SPECIFICATIONS
Number of fields / # of lines per field 3 Length of lines 50 Ft.
Width of ditches 3 ft. Depth of ditches $18-24$ inches
French Drain: Linear feet required Depth of gravel
- spin of graver
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
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.
Buga MF. RS
Signature of Authorized Agent for Harnett County of Harnett
4.23.03 Date