HARN T COUNTY HEALTH DEPARTM

No 19265

IMPROVEMENT PERMIT 3-5-6568 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)) mm. Property Location: SR#_ Repairs Nitrification Line Subdivision Tax ID #__ _____ Ouadrant # __ Number of Bedrooms Proposed: Basement with Plumbing: Garage: Water Supply: Public Public ☐ Community Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional Type of system: Other Size of tank: Septic Tank: ODD gallons Pump Tank: _____ gallons Subsurface No. of exact length width of of each ditch of ft. ditches Drainage Field ditches _ft. ditches_ French Drain Required: _____ Linear feet Date: This permit is subject to revocation if site Signed: _ plans or intended use change. Environmental Health Specialist DRIVE 116 Plushy As show

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HARN I COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 1926 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.
Name Name
Address
Property Location SR# Road Name CALL IREL Subdivision Lot # 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: 55 Ft. Septic Tank DD 9d Pump Chamber 9d
NITIRFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field Length of lines 240 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.
Signature of Authorized Agent for Harnett County of Harnett
Date