## T COUNTY HEALTH DEPARTM No 19271

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3-5-6618 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: Repairs Nitrification Line Subdivision Lot# Tax ID #\_ Ouadrant # \_\_ Lot Size: 0689A( Number of Bedrooms Proposed: Basement with Plumbing: Garage: ☐ Community N Public 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 No. of exact length width of depth of depth of ditches ft. depth of ditches in. Drainage Field ditches French Drain Required: 100 Linear feet Date: 03 + 3-03 This permit is subject to revocation if site Signed: \_ plans or intended use change. Environmental Health Specialist FRENCH ORAIN TO BE Along Property Line 9 % Be Shared with Lots Next Door. Maintain Allset Dacks Med Onsite Knip All Parts of syste system 15 from French ARAIN 950 from Rond. French DRAINTO Be 40" Dep with DO not DRIVE OR PANK ON SIPTIC SAT

## HARN F COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONSTRUCT

by Harnett County Health Department, Improvement Permit # This authorization shall be valid for a period not to exceed five (5) years from the date of issuance.						
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1411Ph [ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
Name 919 639-8678 Telephone#						
Address						
Property Location SR#						
Lake Crestvice 7 3/56241) Road Name						
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 Pump Chamber 901						
NITIRFICATION FIELD SPECIFICATIONS						
Number of fields # of lines per field Length of lines Ft.						
Width of ditches						
French Drain: Linear feet required My Soo Depth of gravel 36"						
Depth of graver						
No word and the second						
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 I.						
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.						
operations I crimit has been issued.						
(						
Signature of Authorized Agent for Harnett County of Harnett						
Date						