## HARNTT COUNTY HEALTH DEPARTM

## IM-ROVEMENT PERMI

Nº 19269 03-5-6631

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." M Septic Tank New Installation Name: (owner) Kegenca Property Location: SR# Nitrification Line ☐ Repairs Subdivision\_ Cles TUZW Lot # Tax ID #\_\_\_\_ \_ Quadrant # \_ Lot Size: " 2 YAC Number of Bedrooms Proposed: Basement with Plumbing: Garage: Water Supply: ☐ Well ` 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 \_\_\_ Septic Tank: / gallons Size of tank: Pump Tank: \_\_\_\_\_ gallons Subsurface exact length of width of depth of sold in. Drainage Field ditches French Drain Required: \_\_\_\_\_ Linear feet This permit is subject to revocation if site Signed: plans or intended use change. Se 1115 Environmental Health Specialist 151 STUD OUT PLUL Shallow Where shown Maintain All sulgat Donat Dave 39R 60x31 or part on 21 sytic Sook DP Ayrace

## 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)
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.
Regnes Homes 424-0455
Name Telephone#
Address
[1]
Property Location SR#
Clert Val Set 7 2/1-121
Subdivision  Road Name  Road Name  A CLIH VILLY Est.  The subdivision Lot # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
[ New Installation [ ] Repair [ Septic Tank [ Witrification Lines
Conventional [] Other
[ ] Basement [ ] With Plumbing [ ] Without Plumbing
Water Supply: [ ] Well Public Water Supply Minimum Well Setback: 55
Septic Tank OP gal Pump Chamber gal
NITIRFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field   Was I and City
Width of ditches   ft. Depth of ditches     Salar   Length of lines   Other
French Drain: Linear feet required Depth of gravel
Depin of gravel
No wastewater system shall be covered or pleased in the state of the s
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 walk Operation Permit and that the system Permit and the system Permit and that the system Permit and Permit a
the conditions of the Improvement Permit and that a valid Operations Permit has been issued.
D212-07
Signature of Authorized Agent for Harnett County of Harnett  Date