HARNIETT COUNTY HEALTH DEPARTM

Nº 20043

IM-ROVEMENT PERMI

03-5-6965

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." Legency New Installation Septic Tank Name: (owner) SR# Property Location: ☐ Repairs Nitrification Line CACHTREC Subdivision Lot# _____ Quadrant # __ Tax ID # Number of Bedrooms Proposed: 3 (40 x60) Garage: MAJ not Require Plup
Community Meet onsite - If Gilly Is

filled In Plup mas Not be Needed & sof Backs Basement with Plumbing: Water Supply: ☐ Well N Public Distance From Well: _ Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. My to Conv. Other_ Type of system: ☐ Conventional Septic Tank: 1005 gallons Size of tank: Pump Tank: /ow gallons Subsurface width of 3 depth of 13 2 in. exact length Drainage Field ditches of each ditch French Drain Required: _ _____ Linear feet Date: 5-12-07 This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist Meet onsite 18ts 24" Orteh Depth, Krep Oranlino Property Line 3 BR Pinc TREE 40x60 Mut onite MAINTAIN All Int Books Do not Drive Drippek on Syptic Syptin

HARNE I I 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. This authorization will be invalid if ownership, site plans, or intended use change.
Regeres Hone) Name 724-0457 Telephone#
Address
Property Location SR# Road Name
Subdivision 86 3(Yox60) 85AC Lot # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
[] New Installation [] Repair Septic Tank Nitrification Lines
New Installation [] Repair Septic Tank Nitrification Lines Conventional Other Conventional
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well Public Water Supply Minimum Well Setback:Ft.
Septic Tank /000 gd Pump Chamber /000 god
NITIRFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field Length of lines 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.
J. 4/201 5-12-02
Signature of Authorized Agent for Harnett County of Harnett Date