HARNE COUNTY HEALTH DEPARTMEN

Nº 20150

IMPROVEMENT PERMIT 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." Name: (owner) ___ W. II. a.m. B. III. a.m. B. II. a.m. Septic Tank Nitrification Line Subdivision ____ Lot #_ /66 _____ Quadrant # _____ Tax ID #_ Number of Bedrooms Proposed: Lot Size:_ Basement with Plumbing: Garage: Water Supply: ☐ Community 50min ft Distance From Well: _____ Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Other 25 % Reduction System ☐ Conventional Type of system: Septic Tank: 600 gallons Pump Tank: _____ gallons Size of tank: Subsurface No. of exact length width of depth of ditches 3 ft. ditches in. MAX Drainage Field French Drain Required: _____ Linear feet This permit is subject to revocation if site plans or intended use change. * Maratin all retbacks * Ditches to be run on contour +NO DEEPER than 18 inches *Contractor to meet on-site
prior to installing system 196 CAROFE 85 50

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HAI TT COUNTY HEALTH DEPART INT AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 20150 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 Billings 919 907 - 0478 Telephone# 10012 Cren Chapel H.11 N.C. 27517 Address /443 Property Location SR# Victoria H. (15 /Cb 3
Subdivision Lot # # Bedrooms Proposed Lot Size TYPE OF SYSTEM [New Installation [] Repair [] Septic Tank [] Nitrification Lines [] Conventional [] Other 25% Reduction System [] Basement [] With Plumbing [] Without Plumbing Water Supply: [] Well [Public Water Supply Minimum Well Setback: 50 Ft. Septic Tank /000 gd Pump Chamber NITIRFICATION FIELD SPECIFICATIONS Number of fields / # of lines per field 3 Length of lines /00 Ft. Width of ditches _____ ft. Depth of ditches _____ /8 inches MAX 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. 6/18/200 Signature of Authorized Agent for Harnett County of Harnett