HAR T COUNTY HEALTH DEPARTM No 19429 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." ORRIV New Installation Septic Tank Name: (owner) Property Location: Nitrification Line Repairs Subdivision YORKILIR Plantation Lot# Tax ID #__ ___ Ouadrant # __ Number of Bedrooms Proposed: 3 (40x 56) Lot Size: 049Ac DOTE Changes In house Basement with Plumbing: Garage: Community Location House must Be 18'
from 21/22 Proporto Line 938' from Water Supply: Public Public ☐ Well Distance From Well: 21/22 Property Line Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Dother Kung to Withou Shallow Type of system: ☐ Conventional Septic Tank: 1000 gallons Pur Size of tank: Pump Tank: 1000 gallons exact length of each ditch of each ditch of ditches ft. depth of ditches ft. Subsurface Drainage Field French Drain Required: _ ___ Linear feet This permit is subject to revocation if site Signed: _ plans or intended use change. Environmental Health Specialist EAscnest 15 18' 3×70 DIVE 3BR Repair is Pritreatmed Doeg X56 10/31/03 38 2x 105 110 NOTE Change In house location Must Meet Onlife for Final Layout Kucpdagin Lines 15 from Proprio Line with Easentalog it

Do not privE or park on systic ystem.

HA ETT COUNTY HEALTH DEPAR...ENT AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit #
Name 8-92-4345 Telephone#
Address // O &
Property Location SR# Road Name
Subdivision 2 (40x56) Y SAC Subdivision Lot # Bedrooms Proposed Lot Size
Subdivision Lot # # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
New Installation [] Repair Septic Tank Nitrification Lines
New Installation [] Repair Septic Tank Nitrification Lines [] Conventional [XOther 1/2
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well Public Water Supply Minimum Well Setback:Ft.
Septic Tank / 222 gal Pump Chamber / 223 gal
NITIRFICATION FIELD SPECIFICATIONS
Number of fields $\frac{2}{\sqrt{3/2}}$ # of lines per field $\frac{3/2}{\sqrt{2}}$ Length of lines $\frac{70/105}{\sqrt{105}}$ 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
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