HARN COUNTY HEALTH DEPARTMENT

N20190 73-5-7617

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. New Installation Septic Tank Name: (owner) Property Location: ☐ Repairs ☑ Nitrification Line Subdivision STONE CROSI Lot # 60 Tax ID #___ _ Quadrant # _ Number of Bedrooms Proposed: 4(49 x 52) Lot Size: 45AC Basement with Plumbing: Garage: V Water Supply: Well Public 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: 1000 gallons Size of tank: Pump Tank: _____ gallons Subsurface exact length of each ditch 460 ft. width of depth of ditches ft. ditches depth of 13 Drainage Field ditches French Drain Required: _ ____Linear feet Date: _ 8-14-03 This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist 91 174 75 Be 1875 24" 1120 Meet onsite STUB Out Plumbing shallow - OR Purp Will Be Required

15 Line 70 Be 18toay" Deep- Remaining Lines 75 be 18"

Do not Go Pait AMA MARKIEL - 75' from Property Line with system

HARN COUNTY HEALTH DEPARTN T AUL DRIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 20190. This authorization shall be valid for a period not to the specifications described.	
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	864-1253
, , , , , , , , , , , , , , , , , , ,	Telephone#
Address 120	
Property Location SR#	Road Name
Subdivision Lot #	4(49x52) YJAC
Subdivision Lot #	# Bedrooms Proposed Lot Size
TYPE OF S	
[] New Installation [] Repair [] Septic Tank	Nitrification Lines
Conventional [] Other	
[] Basement [] With Plumbing [] Without Plumbing	
Water Supply: [] Well Public Water Supply Minimum Well Setback:Ft.	
Septic Tank 9d Pump Chamber	gol
NITIRFICATION FIELD SPECIFICATIONS	
Number of fields # of lines per field Length of lines 460 Ft	
Width of ditchesft. Depth of ditchesinches	
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.	
(h WTK) 8-14-07	
Signature of Authorized Agent for Harnett County of Harnett	Date