HARN Γ COUNTY HEALTH DEPARTMI

Nº 19329

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) C+R Buddens New Installation Septic Tank Property Location: SR# 1443 Lalayetts

Repairs Nitrification Line Subdivision Vict Hills th 5 ____ Lot #______18Z Quadrant # ____ Tax ID # Number of Bedrooms Proposed: 3 Lot Size: 172 Ac-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. Conventional Type of system: Other ____ Septic Tank: /000 gallons Pump Tank: _____ gallons Size of tank: No. of ditches 3 exact length of each ditch 133 ft. ditches 3 ft. depth of ditches in. Subsurface Drainage Field French Drain Required: _____ Linear feet Signed: Environmental Health Specialist This permit is subject to revocation if site plans or intended use change. FIF Plombing IS NOT STUBBED OUT AS SHEWN Pomp may BG Required. Home SMETLWOOD DREVE

HARNETT COUNTY HEALTH DEPART NT AU. ORIZATION TO CONSTRUCT

by Harnett County Health Department, Improvement Permit #
C+12 Buddens Name P-0. Box 1257 Summerter SC. 29418 Address
Telephone#
Address SC. 29418
Property Location SR# Road Name
Subdivision Vice Hells Ph 5 187 Subdivision Lot # # Bedrooms Proposed Lot Size
TVPF OF CUCTEM
[New Installation [] Repair [] Septic Tank [] Nitrification Lines
[] Conventional [] Other
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well [Public Water Supply Minimum Well Setback: 50 Ft.
Septic Tank 1860 gd Pump Chamber god
NITIRFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field 3 Length of lines 13.3 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 covered or
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.
A CONTRACTOR OF THE PARTY OF TH
Signature of Authorized Agent for Harnett County of Harnett Date
Signature of Authorized Agent for Harnett County of Harnett Date