HARN TOUNTY HEALTH DEPARTM

Nº 19336

IM-ROVEMENT 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 Name: (owner) Macy Bacom Holt Septic Tank Property Location: SR# 1542 010 Buses Con Ries ☐ Repairs Nitrification Line Subdivision ___ _____ Lot # Tax ID #_____ ______ Ouadrant #_____ Lot Size: . 60 neu Basement with Plumbing: Garage: Water Supply: ☐ Well 1 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: 1000 gallons Size of tank: Pump Tank: _____ gallons Subsurface exact length width of depth of of each ditch ft. ditches ft. ditches ft. ditches ditches_3 Drainage Field French Drain Required: _____ ____ Linear feet This permit is subject to revocation if site Signed plans or intended use change. HOME

HARNETT COUNTY HEALTH DEPART NT AU DRIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit #
Many Barcon Holt 919-667-9563
Many Barcon Holt Name P.O. BOX 952 F.V. N.C. 27576 Address
1547
Property Location SR# Road Name
7
Subdivision Lot # # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
[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 1660 gd Pump Chamber gol
NITIRFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field Length of lines Ft.
Width of ditches 3 ft. Depth of ditches 24->18 inches
French Drain: Linear feet required Depth of gravel
No wastewater system shall be covered on the state of the system shall be covered on the state of the system shall be covered on the state of the system shall be covered on the state of the system shall be covered on the state of the system shall be covered on the state of the system shall be covered on the state of the system shall be covered on the state of the system shall be covered on the state of the system shall be covered on the state of the system shall be covered on the state of the system shall be covered on the state of the system shall be covered on the state of the system shall be covered on the state of the system shall be covered on the state of the system shall be covered on the system s
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
Signature of Authorized Agent for Harnett County of Harnett Date