HARN I COUNTY HEALTH DEPARTM

HTE 03 -5-7803

IMPROVEMENT PERMIT

20290

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." Holloway Cont. New Installation & Septic Tank Name: (owner) Property Location: SR# Nitrification Line ___ Lot # 25 Subdivision Wood Ouadrant # Tax ID # Number of Bedrooms Proposed: 3 (50x47) Lot Size: 100 x 200 x 81 x 38 x 176 Garage: 75 Basement with Plumbing: Public ☐ Well Water Supply: Community Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional Other____ Type of system: Pump Tank: gallons Septic Tank: los gallons Size of tank: Subsurface No. of exact length width of width of ditches 3 ft. of each ditch 30 ft. Drainage Field ditches French Drain Required:____ Linear feet Date: 10-8-03 This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist Wood shine Davie 10 105 50 55 11 60 Meet onlite Before Installing MAINTANDAIL set Backs Do not Dave on pankon septe system

HARNETT COUNTY HEALTH DEPART NT AU' ORIZATION TO CONSTRUCT

by Harnett County Health Department, Improvement Permit # 20290. This authorization shall be valid for a period not to exceed five (5) years from the date of issuance.
ownership, sue plans, or intended use change
Name Cont
Telephone#
Address
Property Location SR# Road Name
Wood shine 25 3/5247) 100.00 100 100
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 (DD) god Pump Chamber god
NITIRFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field Length of lines
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
the conditions of the Improvement Permit and that a valid Operations Permit has been issued.
Signature of Authorized A Sea S. II.
Signature of Authorized Agent for Harnett County of Harnett Date