03-5-7830 R

## HARNITT COUNTY HEALTH DEPARTME

Nº 19385

## 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."

from the Harnett County Health Department."		
Name: (owner) Tourt Country Homes	New Installation	Septic Tank
Property Location: SR# 1460 BAIL AL	☐ Repairs	Nitrification Line
Subdivision Parkers Ridge	Lot	#_2
Tax ID #	Ouadrant #	
Number of Bedrooms Proposed:	t Size: 1.94Ac	
Basement with Plumbing: Garage:		
Water Supply:  Well Public  Community		
Distance From Well: ft.		
Following is the minimum specifications for sewage disposal system:  Type of system:  Other		
Size of tank: Septic Tank: 1000 gallons Pur	-	
Subsurface No. of exact length of each ditch /00 ft.	width of de ditches ft. di	epth of tches 18-24 in.
French Drain Required: Linear feet	/ /	
This permit is subject to revocation if site  plans or intended use change.  **Maintain all rether  **This permit is subject to revocation if site  Signed:  Signed:  **This permit is subject to revocation if site  Signed:  **Signed:  **Proposition of the site of the sit		Ith Specialist  **Corporate: It 11/4/2003  BA  340  340  1 C.   J.   J.   J.   J.   J.   J.   J.

## HARNETT COUNTY HEALTH DEPARTMENT AU' ORIZATION TO CONSTR I

by Harnett County Health Department, Improvement Permit # This 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  Response  19 598 7643  Telephone#		
2913 US Amy 70 Dorhan, N.C. 27707 Address		
Property Location SR# Road Name		
Road Name    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 /000 gd Pump Chamber god		
NITIRFICATION FIELD SPECIFICATIONS		
Number of fields / # of lines per field / Length of lines / 00 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		