## HARNTT COUNTY HEALTH DEPARTM

№ 19390

## IM-ROVEMENT PERMIT

	IIVI	HOVEIVI	ENI PERIVII		
tion of any building a	the Harnett County l t which a septic tank s unty Health Departme	vstem is to be used	s follows: Section III, Item for disposal of sewage wit	B. "No Per hout first o	rson shall begin construc- btaining a written permit
Name: (owner)	H. Clena W. 1	lian)	New Ins	tallation	Septic Tank
Property Location:	SR#27		Repairs		Nitrification Line
Subdivision BS	e Forms			Lot	#_3
Tax ID #			Quadrant	#	
Number of Bedroo	ms Proposed:	3	Lot Size: 2.79	Ac	
Basement with Plu	mbing:	Gara	ge:		
Water Supply:	Well Publ	lic 🔲 Com	munity		
Distance From We	1: 50	_ ft.			
Following is the min	nimum specification	s for sewage disp	posal system on above ca	aptioned p	property. Subject to
Type of system:	Conventional	Other	r		
Size of tank:	Septic Tank: _/	ooo gallons	Pump Tank:	gal	lons
Subsurface Orainage Field	No. of ditches	exact length of each ditch _	width of ditches 3	de ft. di	opth of tches 18-24 in.
French Drain Requ	ired:	Linear feet	/ /		
totay 20' off	retlack	if site S	eate: 10/22/2 we igned: Environment of the service	3°	th Specialist

## HARN T COUNTY HEALTH DEPARTI IT AU1\_JRIZATION TO CONSTRUCT

by Harnett County Health Department, Improvement Permit # / / 2790 . 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.						
M. Glena W. M. and 919-524-2159  Telephone#						
Telephone#						
Address Branch Rd Dun NE 28374						
Property Location SR# Road Name						
Property Location SR#  Road Name						
Bi-Forms 3						
Subdivision  Subdivision						
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 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.						
(C MY . P (						
Signature of Authorized Agent for Harnett County of Harnett  Dote						