## HTE 03-5-8097

## HARNI COUNTY HEALTH DEPARTME

**IMPROVEMENT PERMIT** 

T DEDMIT 20380

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) WEAVER New Installation Septic Tank Nitrification Line Property Location: SR# \_\_\_\_ Lot # \_ 2 6 Subdivision Quadrant # \_\_\_\_\_ Tax ID# 3(32148) Lot Size: Number of Bedrooms Proposed: Basement with Plumbing: ☐ Well Public ☐ Community Water Supply: 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: Septic Tank: | gallons Size of tank: Pump Tank: gallons Subsurface No. of exact length width of depth of ditches 1824 in. of each ditch 200 ft. Drainage Field ditches ditches French Drain Required: Linear feet This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist 150 25' DRIVE STUD Out Plumbing Shallow where shown. Maintain All At Bah

## HARNETT COUNTY HEALTH DEPARTMENT AUTI RIZATION TO CONSTRUC

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 Desi
Telephone#
Address  Property Location SR#  Road Name  3 (32x 18)  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 90  Pump Chamber 90
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.
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Signature of Authorized Agent for Harnett County of Harnett  Date