HARN Γ COUNTY HEALTH DEPARTM

HTE 03-5-8175

IMPROVEMENT PERMIT

21069

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 Septic Tank Name: (owner) 10gg Hy Property Location: SR# Nitrification Line Subdivision Salmon ____ Lot # ____ Quadrant # Tax ID # Number of Bedrooms Proposed: 3 (Yoxoo) Lot Size: 100 + Ac Garage: 1 Note home to be 3BRDNy Basement with Plumbing: Well Community Public Water Supply: Distance From Well: \int \infty ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Fother Pure to ultra shallow Type of system: Conventional Septic Tank: 1000 gallons Pump Tank: 1000 gallons Size of tank: Subsurface No. of exact length width of of each ditch 75 Drainage Field ditches ditches French Drain Required: Linear feet Date: 02-07-04 Signed: _______Environmental Health Specialist This permit is subject to revocation if site plans or intended use change. Aread septicem marked
By Blue
Flags Maintain All set Backs 100. MUSTBRING IN 8 to 12" Approved cover 100, 300 CUKCH 200

HARN COUNTY HEALTH DEPART INT AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit #
This authorization will be invalid if ownership, site plans, or intended use change
Name Day Mayor harrier
Telephone#
Address
1251
Property Location SR# Road Name Road Name
Subdivision / Subdivision
Lot # # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
[New Installation [] Repair [Septic Tank [] Nitrification Lines
[] Conventional [] Repair [] Septic Tank [] Mitrification Lines
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: Well [] Public Water Supply Minimum Well Setback: Ft.
Septic Tank 1000 gd Pump Chamber 1000 gd
NITIRFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field
Width of ditches ft. Depth of ditches inches Ft.
French Drain: Linear feet required Depth of gravel
- Princi Brayer
No wastewater system shall be some 1
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 I.
the conditions of the Improvement Permit and that a valid Operations Permit has been issued.
. A Commission of the commissi
Signature of Authorized Agent for Hornett Court (SV)
Signature of Authorized Agent for Harnett County of Harnett Date
/ Date