HARN I COUNTY HEALTH DEPARTM

HTE 03-5-8176

IMPROVEMENT PERMIT

21079

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." Weyer hagus a New Installation Septic Tank Name: (owner) Long Hylton Property Location: SR#_ 1257 Nitrification Line ☐ Repairs Lot # _ 3 Subdivision_ Salmon Bain Tract Quadrant # Tax ID# Number of Bedrooms Proposed: 3 (40×60) Lot Size: 28.37 Ac Basement with Plumbing: Garage: ☐ Public Water Supply: Well Community Distance From Well: 100 ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Dother lung to altra shallow Conventional Type of system: Septic Tank: Ooo gallons Pump Tank: Ooo gallons Size of tank: width of 3_ft. Subsurface No. of exact length depth of ditches of each ditch Drainage Field Linear feet French Drain Required: Date: 02-04-04 MOCCASIA This permit is subject to revocation if site Signed: Brachel plans or intended use change. Environmental Health Specialist 5 River Rd MUST Meet onsite 140 200 Before Installing 310 3 BR Maintain All Set Back, 40 163 Krap Will 100 from any Part of system system Must Baing In 8512" 1 400 of Approval cover 100

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 # 2 075. 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 Name Name
Telephone#
Address
Property Location SR#
Salmon Bain Tract 3 3 (4) x60) Road Name Subdivision Lott
Lot # # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
New Installation [] Repair Septic Tank Nitrification Lines
[] Conventional Dother My to Conve
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: Well [] Public Water Supply Minimum Well Setback: / Ft.
Septic Tank /000 gd Pump Chamber (000 gd
NITIRFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field
Width of ditches ft. Depth of ditches inches
French Drain: Linear feet required Depth of gravel
2 opin of graver
No wastewater eventors of 111
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 or
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.
. Operations Permit has been issued.
Signature of Authorized Agent for II
Signature of Authorized Agent for Harnett County of Harnett Date
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