HAR T COUNTY HEALTH DEPARTM T

IMPROVEMENT PERMIT

20675

HTE 04-5. 8527R

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) Dan Ocais Property Location: SR# //// Repairs New Installation Septic Tank Repairs Nitrification Line
Property Location: SR# //// Repairs Nitrification Line
Subdivision Peach True Lot # 113
Tax ID #Quadrant #
Tax ID #Quadrant #
Basement with Plumbing: Garage: Store Septine Repaire
Water Supply:
Distance From Well: 55 ft.
Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.
Type of system: Conventional Other Pupp to Chamber Som
Size of tank: Septic Tank: 1023 gallons Pump Tank: 1000 gallons
Subsurface No. of ditches 6 exact length of each ditch 5 ft. width of ditches 3 ft. depth of ditches in.
French Drain Required:Linear feet Date:LogDate:
This permit is subject to revocation if site Signed:
plans or intended use change. Environmental Health Specialist
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HARNETT C NTY DEPARTMENT OF PUE : HEALTH AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 20671 . 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.
DAMX Marris
Name Telephone #
Address
Property Location SR# Road Name
Subdivision Lot # Bedrooms Proposed Lot Size Equal A
Subdivision Lot # # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
New Installation [] Repair [Septic Tank Nitrification Lines [] Conventional [] Other
[Conventional Nother Was to Close
,
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well [Public Water Supply Minimum Well Setback:Ft.
Septic Tank gal Pump Chamber gal
NITRIFICATION 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 same of the state o
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.
- Printerior Fermit has been issued.
1, ADC
Signature of Authorized Aport for House S
Signature of Authorized Agent for Harnett County

Date