HTE 04- 5- 8528

IMPROVEMENT PERMIT

21063

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) DAMY MORRIS

New Installation Septic Tank Property Location: SR# ☑ Nitrification Line Veach TREC __ Lot # /YZ Subdivision Quadrant # Tax ID # Number of Bedrooms Proposed: 3 (50 x 50) Lot Size: 46 Ac Garage: Basement with Plumbing: N Public ☐ Community Water Supply: ☐ Well 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: Pump Tank: _____gallons Septic Tank: 1000 gallons Size of tank: Subsurface No. of width of ditches____ft. exact length of each ditch 200 ft. Drainage Field ditches French Drain Required: Linear feet This permit is subject to revocation if site Signed: __ plans or intended use change. Environmental Health Specialist 197 78 Dr. DAVE STUB Oct 3 (50+50) 158 Maintain All Set Backs

HARN I COUNTY HEALTH DEPAR' INT AUTHORIZATION TO CONSTRUCT

by Harnett County Health Department, Improvement Permit # 21063. This
DANN Nom:
Name Telephone#
Address
Property Location SR#
Peach Tree 142 3650xx5) Road Name
Subdivision Lot # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
[New Installation [] Repair [Septic Tank [Nitrification Lines
Conventional [] Conventional [] Other
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well Public Water Supply Minimum Well Setback: 50 Ft.
Septic Tank Pump Chamber
100
Number of 5-11
Number of fields # of lines per field Length of lines 200 Ft.
Width of ditches ft. Depth of ditches inches
French Drain: Linear feet required Depth of gravel
20pth of graver
No wastewater system shall be
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 Operation B.
the conditions of the Improvement Permit and that a valid Operations Permit has been issued.
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1 DO WEST RS
Signature of Authorized Agent for Harnett County of Harnett
Date