## AR! T COUNTY HEALTH DEPARTM

## HTE 04-5-8706

## **IMPROVEMENT PERMIT**

20666

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) Sames New Installation Septic Tank B. A Repairs Property Location: SR# []\6 Nitrification Line Subdivision Lot# Tax ID# Quadrant # Number of Bedrooms Proposed: Y(Y3xY1) Lot Size: 3.71 AC Garage: This premit VOZOS The old premit
Community #20652 Essel on 2-19-04 Basement with Plumbing: Water Supply: Well N Public Distance From Well: 100 Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. JOther Polystypene Aggregate SYSTEM Conventional Type of system: Septic Tank: 1000 gallons Pump Tank: gallons Size of tank: width of ditches 3 Subsurface exact length of each ditch 75 ft. ditches Drainage Field French Drain Required: Linear feet Well RRA. ROAd Tie & IRON This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist 30 YBR Existing 43 4 48 112 45 75Ha1 Ana IS Acros) Dave And OBON is Blue Flori €-70N(27 IRON & Telephone Pole Meet oast for Final Layout

## HARNETT C NTY DEPARTMENT OF PUE CHEALTH AUTHORIZATION TO CONSTRUCT

Harnett County Department of Public Health, Improvement Permit # 2066. 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.
Same, Edwards
Name Telephone #
Address  Oci (L)
Property Location SR# Road Name
Subdivision  Lot # # Redrooms Proposed Lot Since
Subdivision Lot # # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
[New Installation [ ] Repair [ Septic Tank [ Nitrification Lines
[New Installation [] Repair [Septic Tank [Nitrification Lines  [] Conventional [Souther Doly / Jan Aggregate 1954
[ ] Basement [ ] With Plumbing [ ] Without Plumbing
Water Supply: Well 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 system has been installed according to
the conditions of the Improvement Permit and that a valid Operations Permit has been issued.
Ja W 2025
Signature of Authorized Agent for Harnett County  Date

Date