HARI T COUNTY HEALTH DEPARTM

нте 04-5-8732

IMPROVEMENT PERMIT

20656

Be it ordained by the Harnett County Boar tion of any building at which a septic tank system is from the Harnett County Health Department,"	to be used for disposal of s	ewage without first obta	aining a written permit
Name: (owner) #9H Con ITRuctor		New Installation	Septic Tank
Name: (owner) #9 H Con) Tructor Property Location: SR# 1117	<i>ι</i>	☐ Repairs	Nitrification Line
Subdivision WOOD Shire		Lot #	49
Tax ID #	Q	Quadrant #	
Tax ID #	8) Lot Size:	04940	
Basement with Plumbing:	Garage: 🄀		
Water Supply:	1 Community		
Distance From Well: 55 ft.			
Following is the minimum specifications for to final approval.	sewage disposal system	m on above caption	ed property. Subject
Type of system: Conventional	J Other		
Size of tank: Septic Tank: 1000	gallons Pump Tar	nk:gallons	
Subsurface No. of exact lead of each of each	gth so ft. w	ridth of 3 ft.	depth of ditches 18 in.
French Drain Required:Lin	ar feet	22 24-24	
	Date:	2. 24-04 Ju W	1
This permit is subject to revocation if site	Signed: _	Environmental He	201
plans or intended use change.	(Environmental He	ealth Specialist
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STUB out Plumbing Shallow	200		
Maintain All set Backs			
Do not DANE OR PACK ON SUPT	1 System		

HARNI COUNTY HEALTH DEPART NT AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 2065 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.
HOH Constayton
Name
Telephone#
Address
Property Location SR#
Woodhire 49 3(56x28) Road Name Subdivision 10t# #71
Lot # # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
[ANew Installation [] Repair [A Septic Tank [A Nitrification Lines
La manuation Lines
Conventional [] Other
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well Public Water Supply Minimum Well Setback: Ft.
Septic Tank Do gal Pump Chamber gal
NITIRFICATION FIELD SPECIFICATIONS
Number of Solds
Number of fields # of lines per field Length of lines Ft. Width of ditches Ft.
width of ditches ft. Depth of ditches inches
French Drain: Linear feet required Depth of gravel
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 be 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 installed according to
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Signature of Authorized Agent for Harnett County of Harnett
Date