HARN COUNTY HEALTH DEPARTME

HTE 04-5-9029

IMPROVEMENT PERMIT

20501

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." Herring 1581 Bailey's Cros la New Installation Septic Tank Drian Name: (owner) Property Location: SR#_ 1581 ☐ Repairs Nitrification Line Subdivision Willow Brok ___ Lot # __*13* _____ Quadrant # _____ Tax ID # Number of Bedrooms Proposed: Basement with Plumbing: Garage: Public ☐ Well Water Supply: ☐ Community Distance From Well: John ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional Other Type of system: Size of tank: Septic Tank: /000 gallons Pump Tank: gallons Subsurface No. of exact length width of depth of Drainage Field ditches of each ditch /00 ft. ditches 18-24 in. ditches French Drain Required: Linear feet Date: This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist

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HARNETT CONTY DEPARTMENT OF PUBHEALTH AUTHORIZATION TO CONSTRUCT

This authorization will be invalid if ownership, site plans, or intended use change.
Brian Herrin
Name Telephone #
Name Fi4-9534 Telephone # Address Address
Property Location SR# Bc. ley's Crus Id. Road Name
Subdivision Lot # Bedrooms Proposed Lot Size
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TYPE OF SYSTEM
New Installation [] Repair [] Septic Tank [] Nitrification Lines
[] Conventional [] Other
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well [Public Water Supply Minimum Well Setback:Ft.
Septic Tankgal Pump Chambergal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields/ # of lines per field Length of lines /oo 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.
Signature of Authorized Agent for Harnett County Date