HARNETT COUNTY HEALTH DEPARTMENT

IM OVEMENT PERMIT

№ 13745

- 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) BARRY New Installation Septic Tank Property Location: SR#_ ☐ Repairs Nitrification Line Ed Thomas Road Subdivision We Swood ____ Lot # /4 /4 Tax ID #__ ____ Ouadrant # ____ Number of Bedrooms Proposed: 3(28 x60) Lot Size: 30 AC Must use tiler a marker Basement with Plumbing: Garage: Water Supply: Community * Must Meet Dosite * Well Public Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system: **Conventional** Other _ Septic Tank: 1000 gallons Size of tank: Pump Tank: _____ gallons Subsurface No. of ditches 4 exact length width of ditches 5 ft. depth of ditches 5 ft. ditches No. of Drainage Field French Drain Required: _____ Linear feet Date: This permit is subject to revocation if site Signed: _ plans or intended use change. Environmental Health Specialist *NOTE: S.t. A Is Mexisting Permit - # 12220 BARBARA LARSON 300 IS for A 3 Brd Room 28×60 REPAIR ARIA For Both € 75 SR 1103 IS IN The Right 739 REAR CORNEr ← Ed Themas & is LPP *MUT Meet on site * for Fival Lagart for Both to sites Mult keep systems 20' Apart - Supply Lines can be In the same ditch 18" max Outch Outh maintain All set Backs

HARNETT COUNTY HEALTH DEPARTMENT AUTION TO CONCRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 13745 , 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. Owner or Authorized Agent SARR CAHERIN Property Location: SR # 103 Road Name _____ New Installation _____ Repair ____ Septic Tank _____ Nitrification Lines _____ Subdivision We Wood II Lot # NA Number of Bedrooms Proposed: 3(28×65) Lot size: 30 AC Basement _____ With Plumbing ____ Without Plumbing ____ Water Supply: Well _____ Public ____ Minimum Well Setback: ____ ft. Type of System: Conventional _____ Other _____ Tank Volume: Septic Tank _____ gallons Pump Chamber _____ gallons **Nitrification Field Specifications** Number of fields _____ Number of Lines per Field _____ Length of lines ______ 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. Authorized Agent for Harnett County Health Department Name: (12 47) Date: 2-17-200 (Revised 2/96)CNSTRCT.WPD