## **IMPROVEMENT PERMIT**

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) Temi	Cieri	New Installation	Septic Tank
Property Location: SR# //O	5 Mckoy Touse	□ Repairs	Nitrification Line
	1 = 1		// 7
Subdivision New Work	Portal	Lot #	
Tax ID#	There	Quadrant #	
Number of Bedrooms Proposed:		ize:	<del></del>
Basement with Plumbing:	Garage:		
Water Supply:  Well	Public	у	
Distance From Well:	ft.		
Following is the minimum spongerty. Subject to final approperty. Subject to final approperty of system: Conventional Size of tank: Septic Tank:	Other Poly Sta	Tank:gallon	& Trench System
Subsurface No. of Drainage Field ditches	exact length /80	width of 3 ft.	depth of 18-24 in.
French Drain required:		0 % 100	1000
This permit is subject to revo plans or intended use change		gned:	y Palafe
VOID AFTER 5 YEARS		Environmental 1	Health Specialist
SCALE 1=50	Conv. Repair  Conv. Repair  Repair  Forest Drive	When ree	downs cled. reguired

## **AUTHORIZATION TO CONSTRUCT**

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 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
Name:
Address: 50 Forest Po Cameron, NC 28326
Property Location: SR# Road Name MS Long Towns
New Installation Repair Septic Tank Nitrification Lines
Subdivision Show Word Frest Lot # 47
Number of Bedrooms Proposed:  Lot size:
Basement With Plumbing Without Plumbing
Water Supply: Well Public Minimum Well Setback: 50 ft.  Type of System: Conventional Other Folystynese Aggreest Therefore  Tank Volume: Septic Tank gallons Pump Chamber gallons
Tank Volume: Septic Tank / gallons Pump Chamber gallons
Number of fields Number of Lines per Field Length of lines Number 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.
Name: Date: Date:
(Revised 2/96)cnstrct.wpd