HARNETT

UNTY HEALTH DEPARTMENT

Nº 15603

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." New Installation Septic Tank PRRI Name: (owner) SR#_ Repairs Mitrification Line Property Location: Shermood ____ Lot# 25 topert Subdivision Quadrant # _____ Tax ID #_ 28x64) Lot Size: Number of Bedrooms Proposed: NOTE Filter must be used Basement with Plumbing: Garage: If the FANK has More than ☐ Community Public Water Supply: ☐ Well 6" of cover Riser Will be Required It Less than Distance From Well: 50 min ft 6" of cover then Approved markers to be wed Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. **M** Conventional Type of system: Other ____ Septic Tank: 1000 gallons Pump Tank: _____ gallons Size of tank: exact length 180 width of depth of of each ditch ft. ditches ft. ditches in. Subsurface No. of Drainage Field ditches_ Linear feet French Drain Required: _ Date: This permit is subject to revocation if site Signed: ___ plans or intended use change. Environmental Health Specialist 225 19 Repair Area 28x61 3 BR 105 22 10 232 STUB Out Phymbing shallow 18'30 Ditch Ograhi Maintain All set Backs Do not Deve on park on septic system

HARNETT COUNTY HEALTH DEPARTMENT AUTIORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 15603 . 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 Terri C'eri Name: ______ Telephone # _____ Address: Property Location: SR # NC 24/27 Road Name _____ New Installation Repair Septic Tank Nitrification Lines Subdivision Sherwood Forest Lot# 25 Number of Bedrooms Proposed: 3(28×64) Lot size: 1/2 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 _____ (80) Width of ditches 3 ft. Depth of ditches 8-30 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: / / WM (Revised 2/96) CNSTRCT. WPD