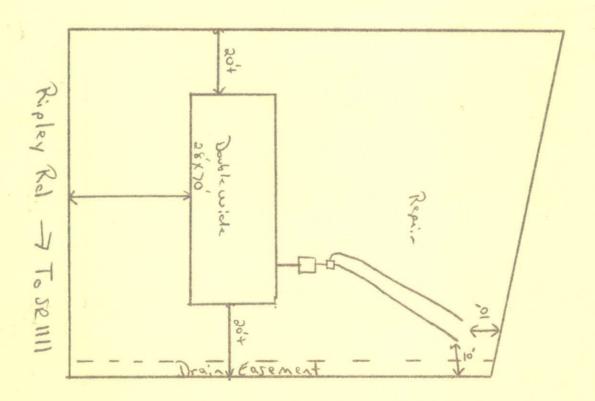
## HARNETT COUNTY HEALTH DEPARTMENT

## IMPROVEMENT PI MIT

Nº 14009

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 Depositment."

from the Harnett County Health Department."
Name: (owner) Dana McGhie New Installation Septic Tank
Property Location: SR# off
Subdivision Seven Oaks Lot#
Tax ID # Quadrant #
Tax ID # Quadrant # Number of Bedrooms Proposed: Lot Size:
Basement with Plumbing: Garage:
Water Supply:   Well  Public   Community
Distance From Well: ft.
Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.
Type of system:  Other Other
Size of tank: Septic Tank: gallons Pump Tank: gallons
Subsurface Drainage Field  No. of ditches 2 exact length of each ditch 5 ft. ditches 3 ft. ditches 18-24 in.
French Drain Required: Linear feet
This permit is subject to revocation if site plans or intended use change.  Date:



## JTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 14009 . 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: Doma McChie Telephone # 774-5998 Address: 5404 North Lakes Village Sanford NC 27330 Property Location: SR # off || | Road Name Road Name New Installation \_\_\_\_ Repair \_\_\_ Septic Tank \_\_\_ Nitrification Lines \_\_\_\_ Subdivision \_ Seven Oaks \_\_\_\_\_Lot#\_\_\_\_\_ Number of Bedrooms Proposed: \_\_\_\_\_ Lot size: \_\_\_\_\_ Basement \_\_\_\_\_ With Plumbing \_\_\_\_ Without Plumbing \_\_\_\_ Water Supply: Well \_\_\_\_\_ Public \_\_\_\_\_ Minimum Well Setback: \_\_\_\_\_ ft. Type of System: Conventional \_\_\_\_ Other \_\_\_\_ Tank Volume: Septic Tank \_/\infty \infty gallons Pump Chamber \_\_\_\_\_ gallons **Nitrification Field Specifications** Number of fields \_\_\_\_/ Number of Lines per Field \_\_\_\_ Length of lines \_\_\_\_\_ 75 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. Authorized Agent for Harnett County Health Department Name: Bya Mui Date: 2/25/98

(Revised 2/96)CNSTRCT.WPD