HARNETT COUNTY HEALTH DEPARTMENT

IMF OVEMENT PERMIT

Nº 12486

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."

from the Harnett County Health Department."	~
Name: (owner) L. B. Hages	New Installation Septic Tank
Property Location: SR# 1111 MARKS	Repairs Nitrification Line
Subdivision Sweet bring	Lot # 25
Tax ID #	Quadrant #
Number of Bedrooms Proposed:	Lot Size: 100 x 215 x 100 x 215
Basement with Plumbing: Garage:	
Water Supply: Well Public Communi	ty
Distance From Well:ft.	
Following is the minimum specifications for sewage disposal	system on above captioned property. Subject to
final approval. Type of system: Conventional Other	
Size of tank: Septic Tank: gallons	
Drainage Field ditches 3 of each ditch	width of depth of ditches 18-24 in.
French Drain Required: Linear feet	10.00.00
	10-20.97
This permit is subject to revocation if site plans or intended use change.	i: Gor W-AN)
plans or intended use change.	Environmental Health Specialist
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HARNETT COUNTY HEALTH DEPARTMENT AU ORIZATION TO CO TRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 12486 . 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 LB Hages Name: _____ Telephone # _____ Property Location: SR # _____ Road Name _____ New Installation _____ Repair ____ Septic Tank ____ Nitrification Lines ____ Subdivision Sweet BRIAR Lot# 125 Number of Bedrooms Proposed: 3 Lot size: 100 x 215 x 100 x 215 Basement _____ With Plumbing ____ Without Plumbing ____ Water Supply: Well _____ Public ____ Minimum Well Setback: 50' ft. Type of System: Conventional ______ Other _____ Tank Volume: Septic Tank O 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 (Revised 2/96)CNSTRCT.WPD