HARNET **DUNTY HEALTH DEPARTMEN**

Nº 1606

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." ad Bury New Installation Septic Tank Name: (owner) Nitrification Line ☐ Repairs Property Location: Subdivision Lot# 5 Tax ID #_ _ Ouadrant # -Lot Size: 2.3 Ac Number of Bedrooms Proposed: Basement with Plumbing: RIJERS OF Thes Regulated Garage: must meet onsite ** Water Supply: ☐ Well M Public ☐ Community Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Other Jump to Conventional Conventional Type of system: Septic Tank: \200 gallons Size of tank: Pump Tank: 1200 gallons Subsurface No. of exact length width of depth of 3 ft. ditches 224 in. of each ditch ____ ft. ditches ___ Drainage Field ditches_ French Drain Required: _ Linear feet Date: This permit is subject to revocation if site Signed: __ plans or intended use change. Environmental Health Specialist Must meet onsite Before Installing Follow Contours Maintain All Required SHBACKS MARIA Do not DRIVE DR Rixes Ofilke Regulard 100 115. 10 Phone Otch

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HARNETT COUNTY HEALTH DEPARTMENT AUT ORIZATION TO CON 'RUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 16066. 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 John & Michele Brad Buy Name: ______ Telephone #__436-0750 Address: Property Location: SR # | 20 | Road Name _____ New Installation _____ Repair ____ Septic Tank _____ Nitrification Lines _____ Subdivision Brookstone Phase 1 Lot# 57 Number of Bedrooms Proposed: _____ Lot size: ____ Z 3 a c Basement _____ With Plumbing ____ Without Plumbing ____ Water Supply: Well _____ Public X ____ Minimum Well Setback: 50 ____ ft. Type of System: Conventional _____ Other ____ Tank Volume: Septic Tank 20 gallons Pump Chamber 20 gallons **Nitrification Field Specifications** Number of fields _____ Number of Lines per Field ____ Length of lines ____/__ Width of ditches 3 ft. Depth of ditches 8-24 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: $\sqrt{27}$ $\sqrt{27}$ $\sqrt{27}$ Date: $\sqrt{2}$ -1 -99(Revised 2/96)CNSTRCT.WPD