HARN 'COUNTY HEALTH DEPARTMI

Nº 17662

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." Septic Tank ☐ New Installation Name: (owner) Repairs SR# Kipling Property Location: Nitrification Line Subdivision _____ Lot# _____ Quadrant # _____ Tax ID #____ Lot Size: /Ac Number of Bedrooms Proposed: ____ Basement with Plumbing: Garage: Water Supply: Public Public ☐ Well Community Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Other Supto Polystyrene Aggreate Treach Sythe I was - 85 ☐ Conventional Type of system: Size of tank: Septic Tank: Existing gallons Pump Tank: /off gallons Subsurface exact length width of depth of of each ditch / 00 ft. ditches 3 ft. ditches 1/2 in. Drainage Field ditches French Drain Required: _____ Linear feet This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist * Maintain all setbacks * use existing septie * Use gate value to connect Newt Od drain lines x sleav-suply Hosse

ARNETT COUNTY HEALTH DEPART IT AUTHORIZATION TO CONSTAUCT

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.		
Name Name	1-(77-012	971
Name	919-552-6956 Telephone #	
2781 Kipling Rd. Fuguar Varing A	1.(.27526	
1463	Road Name	
Property Location SR#	Road Name	
	3	/
Subdivision Lot #	# Bedrooms Proposed	Lot size
TYPE OF SYSTEM		
[] New Installation [Septic Tank [Nitrification Lines		
[] Conventional Other Pomp to Polystyrene As	sorgate Trend System two	5-85-71
[] Basement [] With Plumbing [] Without Plumbing		
Water Supply: [] Well [Public - Minimum Well Setback:Ft.		
NITRIFICATION FIELD SPECIFICATIONS		
Number of fields # of lines per field Length of lines Ft.		
Width of ditches ft. Depth of ditches inches		
French Drain: Linear feet required Depth of	f 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.		
Signature of Authorized Agent for Harnett County	//24/2002 Date	