HARNETT COUNTY HEALTH DEPARTMENT

Nº 13317

IN.. ROVEMENT PERMI

Be it ordained by the Harnett County Board of Health as follows: Se tion of any building at which a septic tank system is to be used for disposa from the Harnett County Health Department."	ection III, Item B. "No Person shall begin constructed of sewage without first obtaining a written permi
Name: (owner) Scott Gost.	New Installation Septic Tank
Property Location: SR# 2045 Ellott Bridge M	☐ Repairs ☐ Nitrification Line
Subdivision_BRANdermill	
Tax ID #	Quadrant #
Basement with Plumbing: Garage:	NOTE Change In * *
Water Supply:	House beation *
Distance From Well: 50 min ft.	110000
Following is the minimum specifications for sewage disposal systematical approval.	m on above captioned property. Subject to
Type of system: Conventional Other	
Size of tank: Septic Tank: 1000 gallons Pum	np Tank: gallons
Drainage Field ditches of each ditch of ft.	width of depth of ditches 1821 in.
French Drain Required: Linear feet	2.2018
Date:	1-1-98
This permit is subject to revocation if site plans or intended use change. Signed:	you work you
	Environmental Health Specialist
234	
Meet onsite Before 125	
Installing - STArt Bottom Line 35	100 0
15+020 from Front Property Line	CIT PAIR
110 9 1	HAC
NOTE	Change In Lai
	location
30 x 10.	68 3BR SFD 50' 7"
	Q
Hole 10	35 4
715	3, 1, 6
: LANEXA ROAL	1 209
NOTE Change In Houx 1	Location
ETUR OIT PLANSING Challey 18-24"	Orteh Depth
Follow Contours MAINTAIN All Paguire	d stracks Keep SYSTEM
Al last 10' from 30x60 hole	
AL LAST 10 KOM JOX OF MILE	

HARNETT COUNTY HEALTH DEPARTMENT AUTORIZATION TO CONTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 13317 ... 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 Scott Const Name: _____ Telephone # _____ Property Location: SR # 2045 Road Name_____ New Installation _____ Repair ____ Septic Tank _____ Nitrification Lines Subdivision | Seander mill Lot # 13 Number of Bedrooms Proposed: 3 Lot size: 2331455 ft 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 _____ _ 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 NOTE Change In House location