## HARNET COUNTY HEALTH DEPARTMENT

Nº 14400

## 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." Vames New Installation Septic Tank Name: (owner) Property Location: Nitrification Line Repairs Subdivision Tax ID #\_ Ouadrant # -Lot Size: 35, 84 Number of Bedrooms Proposed: \_ Basement with Plumbing: Garage: Water Supply: ☐ Well Public Public Community Distance From Well: \_ - ft.minimum Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional Type of system: Other \_\_\_\_ Septic Tank: 1000 gallons Size of tank: Pump Tank: \_\_\_\_\_ gallons Subsurface exact length of each ditch of ft. ditches 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 setbacks \* Do not drive on system

## **AUTHORIZATION TO CONSTRUCT**

Authorization is hereby given to construct a wastewater system to the specifications described

by Harnett County Health Department Improvement Permit # 14400 . 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: Champles - Evan Homes Telephone # 639-6922 Address: 274-A Dipot St. argus NC New Installation Repair Septic Tank Nitrification Lines onth Ridge Farms Lot # 44 Number of Bedrooms Proposed: / hucc Lot size: Basement \_\_\_\_\_ With Plumbing \_\_\_\_ Without Plumbing \_\_ Water Supply: Well \_\_\_\_\_ Public \_\_\_\_ Minimum Well Setback: \_\_\_\_ ft. Type of System: Conventional \_\_\_\_\_ Other \_\_\_\_ Tank Volume: Septic Tank /000 gallons Pump Chamber \_\_\_\_\_ gallons **Nitrification Field Specifications** 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 ireit K. Warf Date: 21 July 98 (Revised 2/96)CNSTRCT.WPD