HARNETT COUNTY HEALTH DEPARTMENT

IMPLOVEMENT PERMIT

Nº 12571

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." Name: (owner) Best Deal New Installation Septic Tank milton Welch Repairs Property Location: SR#_ Nitrification Line Subdivision _____ Quadrant #_____ Tax ID #_ Number of Bedrooms Proposed: Basement with Plumbing: Garage: Well Public Water Supply: ☐ Community Distance From Well: ___50 min Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Vump to Conventional Other _ Type of system: Conventional Septic Tank: 1000 Pump Tank: 1000 gallons Size of tank: gallons Subsurface exact length of each ditch service width of depth of ditches ft. depth of ditches No. of depth of 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

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 # 1257 . 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 __ Best Best Homes Name: ______ Telephone # _____ Property Location: SR # 1320 Road Name Subdivision _____Lot # ____ Number of Bedrooms Proposed: 3.02 A C Basement _____ With Plumbing _____ Without Plumbing _____ Water Supply: Well _____ Public ____ Minimum Well Setback: ____ 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 ____ 55 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 Name: 12 1 - 11 Date: 9-8-57 (Revised 2/96) CNSTRCT.WPD