## **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".

Name: (owner)	
Subdivision Fox (huse	Lot # _/6
Tax ID#	Quadrant #
Number of Bedrooms Proposed:3	Lot Size: . 46 ?ac
Basement with Plumbing:   Garage:	
Water Supply:   Well  Public	Community
Distance From Well: ft.	
property. Subject to final approval.	sewage disposal system on above captioned
Type of system:  Conventional Other	Miltrator 1wws-93-2-R1
Size of tank: Septic Tank: 1000 gallons	Pump Tank: gallons
Drainage Field ditches of each ditches	th width of depth of ch 100 ft. ditches 3 ft. ditches in
French Drain required: Linear feet	
This permit is subject to revocation if site	Date: 5-20-96 Signed: Fhomas Q. Boyn R.S.
plans or intended use change.	Signed: Shoman y Boyn R.S.
THE PROPERTY AND	Environmental Health Specialist
	Maintain Setbacks
12-13" bee	-Contractor to meet on site  Prior to installation  12" cover required over system
12"	17" cover required over system
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## HALLETT COUNTY HEALTH DEPAIRED TENT AUTHORIZATION TO CONSTRUCT

Owner or Authorized Agent		
Name:		
Address: 707 Crahapple Cane		
Property Location: SR # Road Name		
New Installation		
Subdivision Fox Chase Lot #		
Number of Bedrooms Proposed: Lot size: /4624c		
Basement With Plumbing Without Plumbing		
Water Supply: Well Public Minimum Well Setback: ft.		
Type of System: Conventional Other 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		
Name:		
(Revised 2/96)CNSTRCT.WPD		