HAR IT COUNTY HEALTH DEPARTN T

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

Nº 12143

from the Harnett Co				_			
Name: (owner) tarricia Davis							
Property Location	: SR#_ 2026				Repairs	☑ Nitrification Line	
Subdivision	Roge Elliot	Est.			Lot	#_8	
Number of Bedroo	oms Proposed:	3		_ Lot S	ize: 3.72 ac		
Basement with Plu	umbing:		Garage:				
Water Supply: [Well 🖾 P	ublic	Commu	nity			
Distance From We	ell:50+	ft.					
Following is the mifinal approval. Type of system:					on above captioned	property. Subject to	
	_				Tank: ga		
					vidth of delitches ft. delitches		
French Drain Req	uired:	I	Linear feet				
			Date	:	Thomas & Boyce	2:	
This permit is su plans or intended		on if site	Sign	ed:	Shoras & Boyce	K.S.	
plans of intended	i use change.				Environmental/Hea	in Specialist	
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AUTHORIZATION TO CONSTRUCT

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

by Harnett County Health Department Improvement Permit # 12143 , 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: Patricia Dayis Telephone # 893-2990 Address: At 2 Box 322 Linden NC 28354 Property Location: SR # 2026 Road Name Notgrass New Installation X Repair Septic Tank Nitrification Lines X Subdivision Roger Ellio H Est Lot # 8 Number of Bedrooms Proposed: 3 Lot size: 3.77ac 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** 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