ARNETT COUNTY HEALTH DEC 'TMENT

13507

IMPROVEMENT PERMIT

Be it gradined 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." Septic Tank Nitrification Line Subdivision Lot # _____ Quadrant #_____ Tax ID #_ Number of Bedrooms Proposed: ______ 3 Lot Size: _____ /. OZ acre Basement with Plumbing: Garage: Water Supply: ☐ Well Public ☐ Community Distance From Well: ______ 50' ft Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Other ____ Conventional Type of system: Septic Tank: _____ gallons Pump Tank: _____ gallons Size of tank: Subsurface No. of exact length width of depth of ditches 4 of each ditch 75 ft. ditches 3 ft. ditches 18-20 in. Drainage Field

This permit is subject to revocation if site plans or intended use change.

French Drain Required: _____ Linear feet

Date: 5-14-99

Signed: Games & Manharf & RS.

Environmental Health Specialist

*Maintain all actions

MERHEII SR 1535

AUTHORIZATION TO CONSTRUCT

by Harnett County Health Department Improvement Permit # 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: JAMIE + TroyCI Fernell Telephone # 893-2009
Address: P.O. BOX 1426 Benies Crosle N.C. 27506
Property Location: SR # Road Name Road Name
New Installation Repair Septic Tank Nitrification Lines
Subdivision Lot #/
Number of Bedrooms Proposed: Lot size:
Basement With Plumbing Without Plumbing
Water Supply: Well Public Minimum Well Setback: 50 ft.
Type of System: Conventional Other
Tank Volume: Septic Tank 1000 gallons Pump Chamber gallons
Nitrification Field Specifications
Number of fields 2 Number of Lines per Field 4 Length of lines 75
Width of ditches 3 ft. Depth of ditches $18-20$ 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: James E Mahartoros. Date: 5-14-99
(Revised 2/96)CNSTRCT.WPD