HARNETT COUNTY HEALTH DEPARTMENT

Nº 16699

IMP OVEMENT 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," New Installation Septic Tank Name: (owner) Repairs Property Location: Nitrification Line _____ Lot # 30 Subdivision Tax ID #_ Ouadrant # Number of Bedrooms Proposed: Lot Size: Basement with Plumbing: Garage: Water Supply: Public Community Distance From Well: ___ ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system: Conventional Other ____ Septic Tank: EXISTINGallons Size of tank: Pump Tank: _____ gallons Subsurface No. of exact length of each ditch width of _ft. ditches __3 ft. ditches / b in. Drainage Field ditches Linear feet French Drain Required: _ This permit is subject to revocation if site Signed: _ plans or intended use change. Environmental Health Specialist 4 # Install filter in expline tank # Install Litches as shallow as * Stay 10' from fence.

HAPNETT COUNTY HEALTH DEPARTMENT AUTION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications describe by Harnett County Health Department Improvement Permit # 16070 . This authorization
will be invalid 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 BARRY Pa Herson
Name: Telephone # <u>9/9-776-42</u>
Address:
Property Location: SR # Road Name
New Installation Repair Septic Tank Nitrification Lines
Subdivision BACTY PAHESON Lot#
Number of Bedrooms Proposed: Lot size:
Basement With Plumbing Without Plumbing
Water Supply: Well Public Minimum Well Setback: ft.
Type of System: Conventional Other
Tank Volume: Septic Tank 1000 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.
Name: Date: 22-99
(Revised 2/96)cxstrct.wpd