## 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) \_\_\_\_ (avol New Installation M Septic Tank Property Location: SR#\_1539 Repairs M Nitrification Line Subdivision \_\_\_\_ \_\_\_\_Lot #\_\_\_\_ \_\_\_\_\_ Quadrant # \_\_\_\_\_ Tax ID #\_\_\_ Number of Bedrooms Proposed: \_\_\_\_\_\_ Lot Size: 3.490 ac Basement with Plumbing: Garage: Water Supply: ☐ Well N Public Community Distance From Well: \_\_ Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Other Polystynen Aggregate Trench Sixtem 1WW5-95-3A Type of system: Conventional Size of tank: Septic Tank: \_\_\_\_\_ gallons Pump Tank: \_\_\_\_\_ gallons Subsurface No. of exact length width of depth of Drainage Field of each ditch \_\_ 90 \_\_ ft. ditches \_\_ 3 \_\_ ft. ditches \_\_ /2-24 in. ditches French Drain Required: Linear feet Date: \_ This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist Maintain Setbacks Contrador to meet or Move Doublewide forward SWMA \* Tank will set out of ground 6" of More so set MH Ditches will start at 12" deep and go to 24" DWMH

## H NETT COUNTY HEALTH DEPARTMENT AUTHORIZATION TO COLUMINATION

Authorization is hereby given to construct a wastewater system to the specifications described 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 Carel Fish
Name: Telephone # 557 - 0090
Address: 1940 Parther lake Rd Willow Springs NC 27592
Property Location: SR # 1539 Road Name Ouxus
New Installation
Subdivision 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 Lolystyrem Aggregate Trench System 1 www5-95-3R
Tank Volume: Septic Tank /000 gallons Pump Chamber gallons
Nitrification Field Specifications
Number of fields/ Number of Lines per Field Z Length of lines 90
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