HARNETT COUNTY HEALTH DEPARTMENT

IPROVEMENT PEF ITNº 14138

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin construc-

tion of any building at which a septic tank system is to be used for dispo from the Harnett County Health Department."	sal of sewage without first obtaining a written permi
Name: (owner) Johnny Fowler	New Installation Septic Tank
Property Location: SR#_/532	☐ Repairs ☐ Nitrification Line
Subdivision	
Tax ID #	Quadrant #
Number of Bedrooms Proposed: Lo	ot Size: // 37ac
Basement with Plumbing: Garage:	
Water Supply: Well Public Community	
Distance From Well: ft.	
Following is the minimum specifications for sewage disposal syst	tem on above captioned property. Subject to
Type of system: Conventional Other Pump	to conventional lines
Size of tank: Septic Tank: gallons Pu	
Subsurface No. of exact length	width of depth of
Drainage Field ditches of each ditch ft	ditches 3 ft. ditches 1 in.
French Drain Required: Linear feet	
This permit is subject to revocation if site Signed:	3-26-98
plans or intended use change, Signed:	Environmental Health Specialist
	Livitoimenai Heatin Specialist
	Meinlain Setbacks
HMM	Install on contour
existing system	Upper time to start at
	24" , go to 18", then
20	end at 2411
	7-16-
DMWH	
fill copyrigain D-C	
4 10 2 1 States	

HARNETT COUNTY HEALTH DEPARTMENT AUTUORIZATION TO CONTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 14/38 . 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 ____ Johnny Fowler Name: _______ Johnny Fowler ______ Telephone # 639-4790 Address: P.O. Rex 113 Aggier NC 27501 Property Location: SR # 1537 Road Name Chesterfield Laky Re New Installation _____ Repair ____ Septic Tank ____ Nitrification Lines _____ Subdivision _____ Lot # Basement _____ With Plumbing ____ Without Plumbing ____ Water Supply: Well _____ Public ___ Minimum Well Setback: _50+__ ft. Type of System: Conventional ____ Other Pray to conv lines 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 (Revised 2/96)CNSTRCT.WPD