HARNETT UNTY HEALTH DEPARTMENT

Nº 1585?

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." Recman New Installation Septic Tank Name: (owner) Property Location: Nitrification Line ☐ Repairs Tuen anto PonderosaTRA Fox Run Behind existing Home Subdivision = Tax ID #_ _____ Ouadrant # __ Lot Size: 1.0 AC Number of Bedrooms Proposed: _ MUIT UIC RISERS Q Basement with Plumbing: Garage: Water Supply: Well Public Community Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system: Conventional Other _____ Septic Tank: 1000 gallons Size of tank: Pump Tank: _____ gallons Subsurface width of depth of ditches 18-24 in. No. of exact length Drainage Field ditches of each ditch French Drain Required: _ ____ Linear feet This permit is subject to revocation if site plans or intended use change. Environmental Health Specialist tence NOTE Keep Well 100' From Any Part 1.15 120 of Septic SYSTEM STUB Out Plumbing Shallow Mainton All Reguired Do not DRIVE DR PARK ON SEPTIC AKIA Well Site IRON

HADNETT COUNTY HEALTH DEPARTMENT AUTI RIZATION TO CONS RUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 15252. 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 Mitchell & Betty Freeman
Name: Telephone #
Address:
Property Location: SR # Road Name
New Installation
Subdivision Let #
Number of Bedrooms Proposed: Lot size: 1.2 AC Lot #
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
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 he 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