HARNETT COUNTY HEALTH DEPARTMENT

Nº 14430

IN. ROVEMENT PERMI.

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) Hod RAC Kell New Installation Septic Tank
Property Location: SR# 1001 Clark UL h Repairs Nitrification Line
Tran onto Walter Waddell go to wild Plum - wild Plum
Subdivision Lot #
Tax ID #Ouadrant #
Number of Bedrooms Proposed:
Basement with Plumbing: Garage: Garage: A 85 x 286
Water Supply: Well Public Community
Distance From Well: 500 ft.
Following is the minimum specifications for sewage disposal system on above captioned property. Subject to
Type of system: Conventional Other
Size of tank: Septic Tank: gallons Pump Tank: gallons
Subsurface No. of exact length width of depth of ditches of each ditch ft. ditches ft. ditches ft. ditches
French Drain Required: Linear feet
Date: 10.23-98
This permit is subject to revocation if site
Environmental Health Specialist
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HAR T COUNTY HEALTH DEPART IT AUTHORIZATION TO CONSTRUCT

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 Research Fod rac felly
Name: Telephone #
Address:
Property Location: SR# D \ Road Name
New Installation
SubdivisionLot #
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.
Authorized Agent for Harnett County Health Department Name: Date:
(Revised 2/96) ASTRCT WED