4000000 8 Luduse#

HARNETT COUNTY HEALTH DEPARTMENT

2 13763

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." New Installation Name: (owner) Septic Tank ☐ Repairs Nitrification Line Property Location: Subdivision King Lot # 25 Tax ID #_ _____ Ouadrant # __ Lot Size: 1.04 Ac Number of Bedrooms Proposed: _ Basement with Plumbing: Garage: Water Supply: ☐ Well Public ☐ Community 50 minst. Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system: Conventional Other___ Size of tank: Septic Tank: /00 gallons Pump Tank: _____ gallons Subsurface depth of ft. ditches 18-20 in. No. of exact length width of of each ditch _______ ft. ditches Drainage Field 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 Setber Ks * Rualines on contour + Contractor to meet on-site prior to installing system 220 05

Rd.

HARNET OUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONSTRUCT

Owner or Authorized Agent	
Name: Curin Buildan	Telephone # 639- 6989
Address: 6390 Winbely Rd. Willow Springs NC 27592	
Property Location: SR # 1440	
New Installation Repair Septic	The second secon
Subdivision Kins Creek	
Number of Bedrooms Proposed:	
Basement With Plumbing	
Water Supply: Well Public M	
Type of System: Conventional Other	
Type of System: Conventional Other	
Tank Volume: Septic Tank/ gallons	Pump Chamber gallons
Nitrification Field Specifications	
Number of fields/ Number of Lines per Field 4 Length of lines	
Width of ditches 3 ft. Depth of ditches $18-20$ 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: Buyan M. S.	
Revised 2/96)cnstrct.wpd	