404

HARNETT COUNTY HEALTH DEPARTMENT

Nº 13785

I PROVEMENT PERN

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 Septic Tank Name: (owner) Old Stage Rd. SR#_/006 ☐ Repairs Property Location: Nitrification Line _____ Lot #__2 Subdivision () Ouadrant # _____ Tax ID #_ Lot Size: ___, 55Ac Number of Bedrooms Proposed: Basement with Plumbing: Garage: Public Water Supply: □ Well ☐ Community Distance From Well: 50 - ft Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system: ☐ Conventional Other ____ Septic Tank: _/ 00 0 gallons Size of tank: Pump Tank: _____ gallons Subsurface No. of exact length width of depth of exact length width of depth of of each ditch 120 ft. ditches 15-24 in. Drainage Field ditches 2 French Drain Required: _____ Linear feet Date: This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist *Minter set backs * Runtines on contour * are step downs : I need ed 213 37 ×37 30-60 66"

HART T COUNTY HEALTH DEPARTI IT AUTH JIZATION TO CONST_UCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 13765. 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	
Name: R.L. Properties	Telephone # 639-4295
Address: 4590 Old Buier Creek Rd Angie	~ NC 27501
Property Location: SR # 1006 Road Name Old Styse	
New Installation Repair Septic Tank	Nitrification Lines
Subdivision wyn Ridge	Lot #2
Number of Bedrooms Proposed: Lot size	:
Basement With Plumbing With	out Plumbing
Water Supply: Well Public Minimu	ım Well Setback:ft.
Type of System: Conventional Other	
Tank Volume: Septic Tank / OC gallons Pump Chamber gallons	
Nitrification Field Specifications	
Number of fields/ Number of Lines per Field Length of lines/20 ff.	
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.	
Name:M Swin R.S. Date: 3/1/2000	
(Revised 2/96)CNSTRCT.WPD	