HARNI COUNTY HEALTH DEPARTME

Nº 17725

IMPROVEMENT PERMIT

40000223

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." Wo Mew Installation Septic Tank Name: (owner) ☐ Repairs Nitrification Line Property Location: Subdivision Lot # Tax ID #_ Quadrant #_ Number of Bedrooms Proposed: 3 Basement with Plumbing: Garage: 3 Bed Room by Owner. Water Supply: ☐ Community ☐ Well Public Public Distance From Well: __ Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. WOther Pumpts UHRA Shallow Poly Styrenc Aggregate Type of system: Conventional Pump Tank: 1000 gallons Size of tank: Septic Tank: 1000 gallons Subsurface exact length o width of depth of of each ditch 90/60 ft. ditches 3 ft. ditches 12 in. Drainage Field ditches & French Drain Required: _____ Linear feet Date: 4-6-2000 This permit is subject to revocation if site Signed: _ plans or intended use change. Environmental Health Specialist White Line - 73 HWY 87 5R 1229 116. Red 90' STARt At 18" Runts 12" Must meet on Site Before 898-722 Lay Yellow 90 START AT 18" Runto la Installing **6** Polo MUST START At 18" Cill in And Run to 12" old (90' Lives) (Jel 3 Lines (60) START & At 12' 9 Run to 12" Must Bring In 48 3BR 28×76 MH MAINTAIN All Set BACKS Repair ARIO is Along Property Line paper los Back & would be MI Apare

HARNE COUNTY HEALTH DEPARTME AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 1/125 ____. 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 Elsiz Swan Mª Cornick Name: ______ Telephone # <u>499-2472</u> Property Location: SR # 1229 Road Name New Installation _____ Repair _____ Septic Tank _____ Nitrification Lines _____ Subdivision Felton Swan Lot# 3 Number of Bedrooms Proposed: 3(28x76) Lot size: 8.0 Ac 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 1000 gallons **Nitrification Field Specifications** Number of fields 2/3 Length of lines 90/65Width 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: 46-2000

(Revised 2/96)CNSTRCT.WPD