HARNETT COUNTY HEALTH DEPARTMENT

Nº 13797

IM 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." te Strickland New Installation Septic Tank Name: (owner) Jeanet Nitrification Line Property Location: ☐ Repairs Subdivision Jeanette Lot # Tax ID #_ _____ Ouadrant # __ _____Lot Size: 1.67 Ac Number of Bedrooms Proposed: _ Basement with Plumbing: Garage: Water Supply: ☐ Well Public Public ☐ Community Uliffee 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: _____ gallons Pump Tank: _____ gallons Subsurface No. of exact length width of depth of ditches _____ of each ditch _____ ft. ditches ____ ft. ditches ____ in. Drainage Field French Drain Required: _____ Linear feet Date: This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist * Maintain all set backs * Lun lines on contour grow ton Mi w use il topol E 7 IX use 4 75ft linus 412 300 MH 28' K70' 300 40 Iron

HARN—COUNTY HEALTH DEPARTM—T AUTH(IZATION TO CONST JCT

Owner or Authorized Agent	
Name: Jeanette Strickland	Telephone # 893-8954
Address: 5167 McLean Chapel Church Rd. Donnlevel NC28323	
8	Road Name
New Installation Repair S	eptic Tank Nitrification Lines
Subdivision Jeanette Strickland	Lot #
Number of Bedrooms Proposed:	Lot size:
Basement With Plumbing	Without Plumbing
Water Supply: Well Public	Minimum Well Setback:ft.
Type of System: ConventionalOther	
Tank Volume: Septic Tank/ gallons	Pump Chamber gallons
Nitrification Field Specifications	
Number of fields Number of Lines per	Field 3 Length of lines 100 F4.
Width of ditches 3 ft. Depth of ditches	18-24 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: Dup Mount S. Date: 3/28/200	
(Revised 2/96)CNSTRCT.WPD	