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## HARNETT (

## NTY HEALTH DEPARTMENT

e 17167

## IMPRC 'EMENT 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 Septic Tank Name: (owner) Nitrification Line Property Location: SR# Repairs Subdivision Lot# \_\_\_\_\_ Ouadrant # \_\_\_\_\_ Tax ID #\_\_\_\_ Number of Bedrooms Proposed: Lot Size:\_ Basement with Plumbing: Garage: Water Supply: Public Public Community 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 \_\_\_\_ Septic Tank: 1000 Size of tank: gallons Pump Tank: \_\_\_\_\_ gallons Subsurface depth of 18-24 exact length width of of each ditch Drainage Field ft. ditches\_ ft. ditches French Drain Required: Linear feet This permit is subject to revocation if site Signed: plans or intended use change. \*maintain setbacks. DRIVE 50 × 40

## HARN T COUNTY HEALTH DEPARTM T AUTHC..IZATION TO CONST JCT

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.  |
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| Owner or Authorized Agent  |
| Name: Price Constitution Telephone # 574-7100  |
| Address: PO Box 25036 Fay NC   |
| Property Location: SR # 1181 Road Name Sense Intel   |
| New Installation Repair Septic Tank Nitrification Lines  |
| Subdivision Sana Villa Lot #   |
| 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 gallons Pump Chamber gallons  |
| Number of fields Number of Lines per Field Length of lines State  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: Date:  |
| (Revised 2/96)cnstrct.wpb  |