00-4000254

## HARNET

## **OUNTY HEALTH DEPARTMEN**

Nº 17168

## **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 Septic Tank Name: (owner) \_ SR# Nitrification Line Property Location: Repairs Subdivision Lot# Tax ID #\_\_\_\_ \_\_\_\_\_ Ouadrant # \_\_\_\_\_ 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. Conventional Type of system: Other \_\_\_\_ Septic Tank: Pump Tank: \_\_\_\_\_ gallons Size of tank: ) gallons Subsurface No. of depth of 18-24 exact length width of Drainage Field ditches of each ditch ft. ditches French Drain Required: \_\_\_\_\_ Linear feet This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist 100

Pump conv.

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Governor

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## HARN COUNTY HEALTH DEPARTM TO AUTHOLIZATION TO CONST.\_\_CT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit #  $\frac{17/68}{}$ . 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 A	igent		
Name: Pric	1 Construction	Telephone # 57	74-7100
Address: PO 1	Box 25036	Fay. NC	
Property Location: SR	#	Road Name Swin	a Trail
New Installation	Repair Se	ptic Tank Nitrification Lin	nes 🔀
Subdivision	Tiena Villa	Lot #	
Number of Bedrooms P	roposed: Thee	Lot size:	_
Basement	With Plumbing	Without Plumbing	
Water Supply: Well	Public	_ Minimum Well Setback: 50	) ft.
Type of System: Conve	ntional Other _		
Tank Volume: Septic T	ank 1000 gallons	Pump Chamber	_ gallons
/	Nitrification Fie	ld Specifications	-//
Number of fields	Number of Lines per Fi	$\frac{10 \text{ Specifications}}{2}$ $\frac{2}{2}$ Length of lines	ful
Width of ditches ft. Depth of ditches inches			
French Drain: Linear fe	et 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 Ha	arnett County Health Depa	artment /	
Name: ////	it the Work	Date: 29 March 3	2000
(Revised 2/96) CNSTRCT WAD	$\mathcal{O}$		