HARN T COUNTY HEALTH DEPARTMENT

Nº17187

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

Tom the Harnett County Health Department."	osai or sewage without in st	
Name: (owner) Keva Graham	New Installation	Septic Tank
Property Location: SR# 1215 Rosser Pitman	☐ Repairs	Nitrification Lin
Subdivision Forest View	Lot	#_ 5
Tax ID #	0 1 "	
Number of Bedrooms Proposed: Thee L	ot Size:	
Basement with Plumbing: Garage:		
Water Supply: Well Public Community		
Distance From Well: 50 ft.		
Following is the minimum specifications for sewage disposal systmal approval.		
Type of system: Conventional Other		
Size of tank: Septic Tank: 1000 gallons Pu	ump Tank: gall	ons
Subsurface Drainage Field No. of exact length of each ditch of each ditch	width of 3 de it. ditchesft. dit	pth of 18-20 in.
French Drain Required: Linear feet	011 0 1	
Date:	24 Hps/ 2	20090
This permit is subject to revocation if site Signed:		1 Nova
THURSD TO A A A A A A A A A A A A A A A A A A	Environmental Health	th Specialist

HARN COUNTY HEALTH DEPARTM T AUTHORIZATION TO CONSTRUCT

Owner or Authorized Agent		
Name: Reva Graham Telephone # 258-5355		
Address: 200 & Rosses Pitman Rd, Brosdway NC		
Property Location: SR# 1215 Road Name Rossen Pulman		
New Installation		
Subdivision Forest Vices Lot # Lot #		
Number of Bedrooms Proposed: Thee Lot size:		
Basement With Plumbing Without Plumbing		
Water Supply: Well Public Minimum Well Setback: 50 ft.		
Type of System: Conventional Other		
Tank Volume: Septic Tank 1000 gallons Pump Chamber gallons		
Nitrification Field Specifications		
Number of fields Number of Lines per Field Length of lines Zooful		
Width of ditches $\frac{3}{18-20}$ 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: Manuel County Health Department Date: Alfan Cott		
(Revised 2/96)cnstrct.wpd		