Land Usett HARNE

E COUNTY HEALTH DEPARTMENT

Nº 17185

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."

Name: (owner) Bosse	New Installation	Sentic Tank
Property Location: SR# Nc24/27	Repairs	Nitrification Lin
	Jefen Road	Numeation Em
Subdivision Lost Valley	Lot	# 6
Tax ID #	Quadrant #	
Number of Bedrooms Proposed: Thul	Lot Size:	
Basement with Plumbing: Garage:	1	
Water Supply: Well Public Community		
Distance From Well: ft.		
	ystem on above captioned	property. Subject to
Size of tank: Septic Tank: gallons	Pump Tank: ga	llons
Subsurface Drainage Field No. of exact length of each ditch	width of 3 do ft. ditches ft. d	epth of 30 in.
French Drain Required: Linear feet Date: This permit is subject to revocation if site Plans or intended was above as		2009 R. Norge
plans or intended use change.	Environmental Hea	lth Specialist
	→ mai	intain setback
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HARI T COUNTY HEALTH DEPARTMENT AUTHURIZATION TO CONST.JCT

Authorization is hereby given to construct a wastewater system to the specifications described

by Harnett County Health Department Improvement Permit # 17/85 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 _____ Telephone # 9/ Address: 24/27 Road Name Thuy 2 Property Location: SR # Septic Tank Nitrification Lines Repair New Installation Number of Bedrooms Proposed: / hull Lot size: _____ Basement _____ With Plumbing _____ Without Plumbing _ Water Supply: Well _____ Public _____ Minimum Well Setback: Type of System: Conventional _____ Other _____ Tank Volume: Septic Tank UCC gallons Pump Chamber _____ gallons **Nitrification Field Specifications** Number of fields _____ Number of Lines per Field ____ Length of lines _____ 100 fee f 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. Authorized Agent for Harnett County Health Department Miles Date: 19 April 20

(Revised 2/96) CNSTRCT.WPD