00-4000431

HA ETT COUNTY HEALTH DEPART

No 16592

## IN PROVEMENT 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." New Installation Septic Tank Name: (owner) Property Location: ☐ Repairs Nitrification Line Subdivision Lot # Tax ID #\_\_ Quadrant #\_ Number of Bedrooms Proposed: \_ Lot Size:\_ Basement with Plumbing: Garage: Water Supply: ☐ Well 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\_ Size of tank: Septic Tank: Pump Tank: \_\_\_\_\_ gallons exact length Subsurface No. of / width of depth of Drainage Field ditches of each ditch ft. ditches ditches French Drain Required: \_\_\_\_\_ Linear feet Date: This permit is subject to revocation if site Signed: \_ plans or intended use change. Environmental Health Specialist 138 stake 70 30 X 60 Cul-da00-4000431

## HARTTT COUNTY HEALTH DEPARTMENT AUTH\_RIZATION TO CONS' UCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 16592. 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
Name: Show A Partnership Telephone # 893-4322
Address: 1248 Bill Shaw Rd. Bi Spring Cake NC
Address:
Property Location: SR# Hay 210 Road Name Hwy 210
New Installation Repair Septic Tank Nitrification Lines
Subdivision Clizabeth Gardens Lot #_//
Number of Bedrooms Proposed: Thele Lot size:
Basement With Plumbing Without Plumbing
Water Supply: Well Public Minimum Well Setback: 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
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: Date:
Revised 2/96)cnstrct.wpd