## HARNET **OUNTY HEALTH DEPARTMEN**

Nº 17888

## IMPHOVEMENT 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) Property Location: Repairs Nitrification Line Subdivision\_ Lot# Tax ID #\_\_\_\_ \_ Ouadrant # \_\_\_\_\_ Number of Bedrooms Proposed: \_ Lot Size: Basement with Plumbing: Garage: Water Supply: ☐ Well 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: Pump Tank: \_\_\_\_\_ gallons gallons Subsurface No. of exact length width of ? depth of Drainage Field ditches of each ditch ft. ditches\_ French Drain Required: \_\_\_\_\_ Linear feet Date: This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist to Scale psion to installation Culdo-sac Conv. Repair

## HARNETT COUNTY HEALTH DEPARTMENT AUTHOLIZATION TO CONST UCT

Owner or Authorized Agent			
Name: Timothy	Wolfe	Telephone	# 497-5920
Address: 25 three	ho lano	Spring Lake	893-6900 EXT 2
Property Location: SR #	1128	Road Name	Danoch
New Installation R Subdivision	77	ric Tank Nitrifica Plantalion_Lot#	<b>^</b> .
Number of Bedrooms Proposed:	Three	Lot size:	
Basement With Plum	ibing	Without Plumbing	
Water Supply: Well	Public	Minimum Well Setback:	<u>SO</u> n.
Type of System: Conventional _	Other _		
Tank Volume: Septic Tank	gallons	Pump Chamber	gallons
	Nitrification Field	Specifications	4
Number of fields Numb	er of Lines per Fie	ld Length of lines	75 feet
Width of ditchesft.	Depth of ditches	inches	U
French Drain: Linear feet require	ed	Depth of gravel	
No wastewater system shall be cov Harnett County Health Departme the conditions of the improvement	nt has determined	that the system has been i	nstalled according to
Name: Manual Con	inty Health Depart	Date: \$\int 7 Ja	ne 2000)
(Revised 2/96)CNSTRCT.WPD			