HARNETT

JNTY HEALTH DEPARTMENT

1017924

IMPROVEMENT PERMIT

011514

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." Aircloth New Installation Septic Tank Name: (owner) Property Location: ☐ Repairs Nitrification Line ____ Lot # 2 Subdivision _____ Quadrant # _____ Tax ID #____ Number of Bedrooms Proposed: 3(28x80) Lot Size: 60 AC NOTE Changes In Howe Location Basement with Plumbing: Garage: Water Supply: ☐ Well Public Community Distance From Well: 50 min ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. D Conventional Type of system: Other ____ Septic Tank: 1000 gallons Size of tank: Pump Tank: _____ gallons Subsurface exact length of each ditch 190 ft. ditches 3 ft. depth of ditches depth of Drainage Field ditches French Drain Required: _____ Linear feet 7-20.2000 Date: This permit is subject to revocation if site Signed: _ plans or intended use change. Environmental Health Specialist 300 3BR 28×80 223 - TO SR1270 STUB Out Plumbing shallow 18" max Ditch Opth Tollow contours Maintain All set Backs NOT DRIVE OR PARK ON SYPTEM

HAFTT COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONS LUCT

by Harnett County Health Department Improvement Permit # 1792 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 Johns FAIRCLOFL
Name: Telephone #258-583
Address:
Property Location: SR # 1270 Hollits Pini Road Name
New Installation Repair Septic Tank Nitrification Lines
Subdivision Hollies Pincs Lot# 2
Number of Bedrooms Proposed: 3(28 x80) Lot size:
Basement With Plumbing Without Plumbing
Water Supply: Well Public Minimum Well Setback: ft.
Type of System: Conventional Other
Tank Volume: Septic Tank gallons Pump Chamber gallons
Nitrification Field Specifications
Number of fields Number of Lines per Field Length of lines
Width of ditches inches 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: 7-24-2005
(Revised 2/96)cnstrct wpp