HARNETT COUNTY HEALTH DEPARTMENT

Nº 16667

IM POVEMENT 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) New Installation Septic Tank Property Location: SR# ☐ Repairs Nitrification Line Subdivision Lot # /2 Tax ID #___ _____ Ouadrant # ____ hree Number of Bedrooms Proposed: ____ Lot Size:_ Basement with Plumbing: Garage: D Water Supply: ☐ Well N 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 ___ Septic Tank: 1000 gallons Size of tank: Pump Tank: _____ gallons Subsurface No. of exact length width of ft. ditches 8-24 in. 80_ft. ditches_ Drainage Field ditches French Drain Required: __ Linear feet This permit is subject to revocation if site plans or intended use change. * maintain setbacks Repair marker of fifter required of fall can not be achieved, then a pump 40×50 will be required.

HARNETT COUNTY HEALTH DEPARTMENT AUT ORIZATION TO CON RUCT

Owner or Authorized Agent
Name: Price Contruction Telephone # 867-375
Address: 450/ Rayford Rd Fay NC
Property Location: SR # 181 Sunc Trail Road Name
New Installation Repair Septic Tank Nitrification Lines
Subdivision Scena Villa Lot# 12
Number of Bedrooms Proposed: Three 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 80 feet
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 Name: Date: Date: 2000