## HATTETT COUNTY HEALTH DEPART TINT

INPROVEMENT PERMIT

See Alichina

No

12190

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) SR# Nitrification Line Property Location: Repairs Subdivision Tax ID #\_\_ \_\_\_\_\_ Ouadrant # \_\_\_\_ Lot Size: 621C Number of Bedrooms Proposed: Basement with Plumbing: Garage: NOTE Change In house Water Supply: Well Public ☐ Community Location 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 gallons Size of tank: Pump Tank: \_\_\_\_\_ gallons exact length of each ditch lab ft. ditches ft. depth of ditches in. Subsurface ditches\_2 Drainage Field French Drain Required: \_ \_\_\_\_\_ Linear feet Date: 6 23 97 This permit is subject to revocation if site plans or intended use change. Environmental Health Specialist NOTE Changes In house **VOID AFTER 5 YEARS** 26 Location 65 from Front Property Line 915 from Lot 25/6+26 Property Line STUB Dut Plumbing shallow 18-24' Otto Depth Follow 214 Contours Maintain All 145 Regulat Set Backs 15 28×44 300 MH 105

## HARNETT COUNTY HEALTH DEPARTMENT AUT )RIZATION TO CON RUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 12190 . 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 Dames R. Brattorel Name: \_\_\_\_\_\_ Telephone # \_\_\_\_\_ Property Location: SR # / | Y | Road Name \_\_\_\_\_ New Installation \_\_\_\_\_ Repair \_\_\_\_ Septic Tank \_\_\_\_ Nitrification Lines \_\_\_\_\_ Subdivision Heather Brook Est. Ph 3 Lot# 25 Basement \_\_\_\_\_ With Plumbing \_\_\_\_ Without Plumbing \_\_\_\_ Water Supply: Well \_\_\_\_\_ Public \_\_\_\_ Minimum Well Setback: 50mm ft. Type of System: Conventional \_\_\_\_\_ Other \_\_\_\_ Tank Volume: Septic Tank /000 gallons Pump Chamber \_\_\_\_\_ gallons **Nitrification Field Specifications** Number of fields \_\_\_\_\_ Number of Lines per Field \_\_\_\_ Length of lines \_\_\_\_\_ | Width of ditches 3 ft. Depth of ditches 18-24 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** (Revised 2/96)CNSTRCT.WPD