HARNETT COUN

Rd

IEALTH DEPARTMENT

09332

IMPROVEMENT 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) Walters + Backhelor Coast.		
Property Location: SR# 1456		Nitrification Line
Subdivision Hilliand Place	Lot#	14
Tax ID#	Quadrant #	
Number of Bedrooms Proposed: Lot Si	ize: /,043ec	
Basement with Plumbing: Garage:		
Water Supply: ☐ Well ☐ Public ☐ Community	y	
Distance From Well: ft.		
Following is the minimum specifications for sewage d property. Subject to final approval.		
Type of system: Conventional Other	Augicaph Tunch System	NW5 43 3K
Type of system: Conventional Other Clyshum Size of tank: Septic Tank: 1000 gallons Pump	Tank: gallons	
Subsurface No. of exact length of each ditch	width of	depth of
French Drain required: Linear feet	1/ 40	
	nte: 6-14-99 gned: Frame (). B	oya R.S.
VOID AFTER 5 YEARS	Environmental He	ealth Specialist
House Solding		

HARNI COUNTY HEALTH DEPARTM AUTHORIZATION TO CONSTRUCT

Owner or Authorized Agent Walters & Baschelor Coust.		
Name: Telephone #		
Address:		
Property Location: SR # Road Name		
New Installation Repair Septic Tank Nitrification Lines		
Subdivision Hillian Place Lot # Lot # Lot #		
Number of Bedrooms Proposed: Lot size:		
Basement With Plumbing Without Plumbing		
Water Supply: Well Public Minimum Well Setback: ft.		
Type of System: Conventional Other Polystyn Aggregate Trench System 10103-95-32		
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 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:		
Revised 2/96) CNSTRCT WRD		