HARNETT JNTY HEALTH DEPARTMENT

Nº 1584

IMPROVEMENT PERMIT

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin constrution of any building at which a septic tank system is to be used for disposal of sewage without first obtaining a written permeter than the Harnett County Health Department."
Name: (owner) HSSOCIOTED Dev. New Installation Septic Tank
Property Location: SR# Repairs Nitrification Lin
Subdivision Storwood at Overhills Lot # 70
Tax ID # Quadrant #
Number of Bedrooms Proposed:
Basement with Plumbing: Garage:
Water Supply: Well Public Community
Distance From Well: ft.
Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.
Type of system: Conventional Other
Size of tank: Septic Tank: gallons Pump Tank: gallons //
Subsurface No. of 2 exact length of each ditch width of 3 depth of 8-28" depth of each ditches ft. ditches ft. ditches in.
This permit is subject to revocation if site plans or intended use change. This permit is subject to revocation if site plans or intended use change. Environmental Health Specialist
P Stad trenches at 28" ending at 18" Risero + filter reguried. Significant to the second of the

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 # 15843. 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 Telephone # Address: Road Name _ Property Location: SR # Nitrification Lines _ Repair Septic Tank New Installation Number of Bedrooms Proposed: // Lot size: Basement _____ With Plumbing _____ Without Plumbing ___ Water Supply: Well _____ Public _____ Minimum Well Setback: 50 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 _____ 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 L. See Date: 15 17 (Revised 2/96)CNSTRCT.WPD