This Paparit Peglaco # 1607

## H ETT COUNTY HEALTH DEPAR

No

11436

## IMPROVEMENT PERIMIT

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) Home (s Property Location: SR#\_\_\_ ☐ Repairs ☐ Nitrification Line Subdivision Lot# Tax ID # Ouadrant # (40x6a) Lot Size: 40AC Number of Bedrooms Proposed: \_\_\_ Basement with Plumbing: Garage: Community Location - House Water Supply: ☐ Well Public Public Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Other lang to Polythypen The ☐ Conventional Type of system: Size of tank: Septic Tank: gallons Pump Tank: gallons exact length eccurred width of depth of depth of ditches \_\_\_\_\_\_ ft. ditches \_\_\_\_\_\_ ft. Subsurface of each ditch 180 ft. ditches Drainage Field ditches\_ French Drain Required: \_\_\_\_\_ Linear feet This permit is subject to revocation if site plans or intended use change. Environmental Health Specialist **VOID AFTER 5 YEARS** Lot 11 1 DIE CHARSES In House location - House Must Be 85 from 9/10 Hopety Iron DO NOT DRIVE OR PARK ON SYPTIC SYSTEM

## ARNETT COUNTY HEALTH DE RIMENT AUTHORIZATION TO CONSTRUCT

by Harnett County Health Department Improvement Permit #	
Address:	
Property Location: SR #	Road Name
New Installation Se	
Subdivision CRESTVICL	Lot #/ O
Number of Bedrooms Proposed: 3 (40x62)	Lot size: 6 40 AC
Basement With Plumbing	
Water Supply: Well Public	Minimum Well Setback: ft.
Type of System: Conventional Other  Tank Volume: Septic Tank \( \frac{1000}{000} \) gallons Pump Chamber \( \frac{1000}{000} \) gallons	
Number of fields Number of Lines per Field Length of lines 180 Lax	
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.	
Name: Authorized Agent for Harnett County Health Department County Heal	Date:
(Revised 2/96)CNSTRCT WPD	