HARNI — COUNTY HEALTH DEPARTME

IMPROVEMENT PERMIT

Nº 19217

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) Property Location: SR#_ ☐ Repairs Nitrification Line Subdivision Lot# Tax ID #___ _____ Ouadrant # _____ Lot Size: • 59AC Number of Bedrooms Proposed: Garage: NoTE Change In DO.VE Basement with Plumbing: Community Location Water Supply: Public Public Well Distance From Well: __ Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Other Jum to Convent soul Type of system: ☐ Conventional Septic Tank: / O gallons Size of tank: Pump Tank: 2000 gallons Subsurface exact length width of of each ditch 2 42 ft. ditches 1824 in. No. of Drainage Field ditches French Drain Required: _____ Linear feet Date: 01 14-03
Signed: Environmental Health Specialist This permit is subject to revocation if site plans or intended use change. 252 ChrotoMhir

Meet onsite Maintain All set Dacks Donot Down on Pank on Syphie system

HAF TT COUNTY HEALTH DEPART NT AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit #		
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.		
Pine Grove Der. 49x-2004		
Name Telephone#		
Address		
Address		
Property Location SR# Road Name		Road Name
FARM Q 5 Ronds	Lot # # Bedrooms Proposed	5901
Subdivision	Lot # # Bedrooms Proposed	Lot Size
	TYPE OF SYSTEM	
New Installation [] Repair [] Septic Tank [] Nitrification Lines [] Conventional [] Other [] Conventional [] Other [] Conventional [] Other [] Conventional [] Other		
[] Conventional Sother / Way to Conventional		
[] Basement [] With Plumbing [] Without Plumbing		
Water Supply: [] Well Public Water Supply Minimum Well Setback:Ft.		
Septic Tank QOO Pump Chamber (99)		
NITIRFICATION FIELD SPECIFICATIONS		
Number of fields # of lines per field Length of lines Ft.		
Width of ditches		
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.		
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Signature of Authorized Agent for Harnett	County of Harnett	Date