HARN COUNTY HEALTH DEPARTMI

IMPROVEMENT PERMIT

Nº 19240 "

13-5-6399 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\_ Tax ID #\_\_\_\_ \_\_\_\_\_ Ouadrant # \_\_\_\_ Number of Bedrooms Proposed: 3 Lot Size: 249AC Basement with Plumbing: Garage: Water Supply: ☐ Well Public ☐ Community Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional Type of system: Other\_ Septic Tank: \_\_\_\_\_ gallons Pump Tank: \_\_\_\_\_ gallons Size of tank: exact length Subsurface exact length width of depth of 8-24 in. Drainage Field ditches French Drain Required: \_\_\_\_\_ Linear feet Date: 02-07-07 Environmental Health Specialist This permit is subject to revocation if site plans or intended use change. STOUAL TERIAL DRIVE 129 110 STUD Out Plumbing shallow Maintain All Set Backs

DO not DRIVE DR PARK ONSOLIC System

## HARN | COUNTY HEALTH DEPARTN | T AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 19240. 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.	
Vine Graz Rev.	. 17
Name	Telephone#
Address	
Property Location SR#	
Property Location SR#	Road Name
Subdivision J Lot # # I	3 (27×56) 647AC
TYPE OF SYS	STEM
[ New Installation [ ] Repair	Nitrification Lines
[ New Installation [ ] Repair	
[ ] Basement [ ] With Plumbing [ ] Without Plumbing	
Water Supply: [ ] Well Public Water Supply Minimum Well Setback: 55 Ft.	
Septic Tank / OO > Pump Chamber_	
NITIRFICATION FIELD SPECIFICATIONS	
Number of fields # of lines per field	Length of lines & Yo Ft.
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 on in the state of t
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.	
Le LARI	02-07-07
Signature of Authorized Agent for Harnett County of Harnett	Date