HAR T COUNTY HEALTH DEPARTM

Nº 19403

7. NL 27

IMPROVEMENT PERMI

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) Patrick New Installation Septic Tank Smithwich Property Location: SR#_ Repairs Nitrification Line Subdivision Bu Aals Quadrant # ___ Tax ID# Number of Bedrooms Proposed: 4 (32 x 80) Lot Size: 1.51 AC Basement with Plumbing: Garage: Water Supply: ☐ Well N Public Community Distance From Well: _ 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: Pump Tank: _____ gallons Septic Tank: 1000 gallons depth of 1824 in. Subsurface exact length of each ditch 280 ft. width of depth of ditches ft. depth of No. of Drainage Field ditches French Drain Required: Linear feet 90' Date: 5-23-33 This permit is subject to revocation if site plans or intended use change. 12 44 Environmental Health Specialist 463 Post REPAIR AREA IS FOR 4x80 Fenci Ducto Cot for house Place sosten 75 92' 12320 or 4x80 Do met with E. Fractition 6-5-03 240 Ro not cut or Report Sol Ponce From SEPTL Meet onsite Before Installing AMA - Os not Maintain All set Backy Could use Papara Are for mont forten DRIVE DROPEK ON SEPTIC AREA 113 ETO NINT

SR1115

HARNETT COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 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.	
Patrick Southwich	499-2576
Name	Telephone#
Address	
Property Location SR#	Road Name
Bittalo Et 3	# Bedrooms Proposed Lot Size
Subdivision Lot #	# Bedrooms Proposed Lot Size
TYPE OF SYSTEM	
New Installation [] Repair (Septic Tank [Nitrification Lines	
Conventional [] Other	
[] Basement [] With Plumbing [] Without Plumbing	
Water Supply: [] Well Public Water Supply Minimum Well Setback: Ft.	
Septic Tank OOD god Pump Chamber god	
NITIRFICATION FIELD SPECIFICATIONS	
Number of fields# of lines p	er field Length of lines 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 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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(La Livori)	522-27
Signature of Authorized Agent for Harnett County	of Harnett Date