HAR T COUNTY HEALTH DEPARTM T

Nº 19423

IM-ROVEMENT PERMI.

03-5-7204

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) Line Grave New Installation Septic Tank Property Location: SR# ☐ Repairs Nitrification Line Subdivision Wood Bridge Tax ID #_ ___ Quadrant # __ Number of Bedrooms Proposed: 3(27x76) Basement with Plumbing: Garage: Water Supply: ☐ Well M 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 _ Septic Tank: 2000 gallons Pump Tank: _____ gallons Size of tank: depth of 18 max Subsurface exact length of width of depth of of each ditch of ft. ditches ft. ditches Drainage Field ditches French Drain Required: _ This permit is subject to revocation if site plans or intended use change. vironmental Health Specialist 433 19' 120 100 Maintain Allset Backi Do not DRIVE OR PARK ON SIPTIC System

HARI__ T 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 # 19427. 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 Grove Devi 498-2204
Name Telephone#
Address NCA(LA) Property Location SR# Road Name
Wood Char 9 3(27,76) 96Ac
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: 5 Ft.
Septic Tank / DOD 3d Pump Chamber 901
NITIRFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field Length of lines OYO 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.
(n W-404
Signature of Authorized Agent for Harnett County of Harnett Date