HTE 03-5-7834 R

HAR T COUNTY HEALTH DEPARTM

IMPROVEMENT PERMIT

20288

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin construc-

tion of any building from the Harnett C		ank system is to be used for rtment."	r disposal of sewage witho	out first obtai	ning a written permit
Name: (owner)	Claudia	Pace	New In	stallation `	Septic Tank
Property Location	n: SR#NC	87	Repairs	;	Nitrification Line
Subdivision	Hilda Cur	rin		I ot #	
Tax ID #			Quadrant #	LOT#	
Number of Bedro	ooms Proposed:	3(28×64)	Lot Size: 1045	TAC	
Basement with P	lumbing:	J Garage	: D ATE Class	news To	house
Water Supply:	□ Well 💆 I	Public	ity / section	190) 41	Mouse
Distance From W	/ell:50	Public	Locarion		
		fications for sewage dis		e captione	d property. Subject
to final approval					1 1 5
Type of system:	☐ Convent	ional Other U	Hra shallow		
Size of tank:	Septic Ta	ank: 1000 gallons	Pump Tank:	_gallons	
Subsurface Drainage Field	No. of ditches 5	exact length of each ditch 90	width of ditches_3	ft. (depth of MAX ditches /2 in.
French Drain Rec	quired:	Linear feet	↑ Date:	0.7	
This permit is suplans or intende	d use change.	Blue white Blue	Signed: Do Environ And The Signed: Si	mental Head of Mcc + fore In Final of Motor Muster	alth Specialist ONSITE STAlling LAYS-T- FLASSECTONT ORIVEOR ONSYMIC SYSTEM TOBRING Zn 12" 1 Approved OVER
	× + +	Bond)	

HARNETT COUNTY HEALTH DEPART TINT AU ORIZATION TO CONSTR. T

by Harnett County Health Department, Improvement Permit # 2028 To The authorization shall be valid for a period not to exceed five (5) years from the specifications described to the specification of
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.
Name
Telephone#
Address
NC 87
Property Location SR#
Hilly Crain 3(28x10y) Road Name
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 / Os god Pump Chamber god
NITIRFICATION FIELD SPECIFICATIONS
Name of the contract of the co
Number of fields # of lines per field 5 Length of lines 75 Ft.
Width of ditches ft. Depth of ditches inches Ft.
French Drain: Linear feet required Depth of gravel
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 a
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.
perturbing terminal been issued.
(2 1 2/2)
Signature of Authorized Agent for Harnett County of Harnett
Date