HARNTT COUNTY HEALTH DEPARTM

HTE 0550011707

IN. ROVEMENT PERMIT

21758

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 Name: (owner) 01/ando 5 + Gerda A. Sancha New Installation Septic Tank Property Location: SR# 1229 ____ Lot # _ 3 Subdivision Tax ID #______Quadrant #_____ Number of Bedrooms Proposed: 3 R Lot Size: -99 A Garage: Basement with Plumbing: Public Community ☐ Well Water Supply: Distance From Well: 50' Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional Other____ Type of system: Septic Tank: 1000 gallons Pump Tank: _____gallons Size of tank: exact length of each ditch 240 ft. Subsurface No. of width of ditches 3 ft. Drainage Field ditches French Drain Required: Linear feet Date: 3-30-05 Signed: Weth C: Environmental Health Specialist This permit is subject to revocation if site plans or intended use change. Proposed Road *Maintain all setbacks * Follow contour of lot to install lines 10,

HARNETT COUNTY DEPARTMENT OF PULLIC HEALTH AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit #
Name 19720 nº poujell Rd Address
Address Pougald Rd
Property Location SR# M S Dougald Rd Road Name
Subdivision Subdi
TYPE OF SYSTEM
New Installation [] Repair [Septic Tank [] Nitrification Lines
Conventional [] Other
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well Dublic Water Supply Minimum Well Setback: 50 Ft.
Septic Tank gal Pump Chamber gal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per 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.
11 +6 1
Just Cc 3-30-05
Signature of Authorized Agent for Harnett County Date