HTE# O5-500 12197 IMPROVEMENT PERMIT 22676

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 writte permit from the Harnett County Health Department."	n
Name: (owner) / Cric Creat New Installation Septic Tank Repair	
Property Location: SR# N(24/27) Subdivision The Habbard Calbert and Ford Nitrification Line Expansion Lot # 74	
Number of Bedrooms Proposed: 3(69x40) Quadrant # Lot Size: 57 A C	-
Basement with Plumbing: Garage:	_
Water Supply:	
Distance From Well: ft.	
Following is the minimum specifications for sewage disposal system on above captioned property.	
Subject to final approval.	
Type of system: Conventional Other Tine Chips dre	
Size of tank: Septic Tank: gallons Pump Tank: gallons	
Subsurface No. of depth of Drainage Field ditches ft. of each ditch ft. of each ditches ft. ditches ft. ditches ft. ditches ft. ditches ft. ditches ft.	
French Drain Required:Linear feet Date: 5.27-35	
This permit is subject to revocation if site PERMIT EXPIRES 5 YEARS FROM ABOVE DATE	
plans or intended use change.	
Signed: Environmental Health Specialist	
Environmental Health Specialist	
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13 X4° 240 LF	
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2/2 S/40 O-t Plumbing Mallow Maintan All set DACH!	

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AU ORIZATION TO CONST CT

Harnett County Department of Public Health, Improvement Permit # 22674. This authorization shall be valid for a period not to exceed five (5) years for the specifications described by
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.
10 r. (10)
Name Telephone #
Telephone #
Address
Nearlan
Property Location SR#
The High Lad 24 3 (69x4s) 450 n Subdivision herword Lot # Bedrooms Proposed Lot Size
Subdivision Lot # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
New Installation [] Repair Septic Tank Witrification Lines
Conventional [] Other
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well Public 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 ditchesft. Depth of ditchesft.
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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Signature of Authorized Agent for Harnett County
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