HARNETT COUNTY HEALTH DEPARTM No 19256 IM...ROVEMENT PE 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." New Installation Septic Tank Name: (owner) ☐ Repairs Property Location: SR# Nitrification Line Subdivision Tax ID #_ _ Quadrant #_ Number of Bedrooms Proposed: 3 (28×56) Lot Size: 1.00 Ac plus Sept. c EASEN Basement with Plumbing: Garage: Mret onsite Before Initalling Septic System Final Lagart may Water Supply: Ya Public ☐ Well 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: 1000 gallons Size of tank: Pump Tank: _____ gallons Subsurface exact length width of of each ditch for the ditches 3 No. of Drainage Field ditches French Drain Required: Linear feet 02-28-03 This permit is subject to revocation if site Signed: plans or intended use change 195 Environmental Health Specialist Meet Onlite for Final LAYOUT MAINTAIN All 160 St Back Ke-p STITEM Within ARIA MARKER BY Blue Flass FARM ρo. Poin 182 Puc P.p. with clianouts every 50' 75 Donal DRIVE orpan on 3 BR a8x56 90 મુત્ Dunc 60 Sa

HARI__T COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONSTRUCT

by Harnett County Health Department, Improvement Permit # 19256. This authorization will be invalid if ownership site along the specifications described authorization will be invalid if ownership site along the site along the specifications described by Harnett County Health Department, Improvement Permit # 19256. This authorization will be invalid if ownership site along the site along the specifications described by Harnett County Health Department, Improvement Permit # 19256 . This
This authorization will be invalid if ownership, site plans, or intended use change. Name Telephone#
Name Name
1 elephone#
Address
Property Location SR# Road Name
7 (28× 5/1) 1 @20 1
Subdivision Lot # Bedrooms Proposed Lot Size Sqf, c & TYPE OF SYSTEM 1.53 ac 73
TYPE OF SYSTEM
New Installation Repair Sentic Tank
Conventional [] Other
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well Public Water Supply Minimum Well Setback: 55 Ft.
Septic Tank / OD god Pump Chamber god
NITIRFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field Length of lines DE Ft.
Width of ditches ft. Depth of ditches inches
French Drain: Linear feet required Depth of gravel
No words wet a second of the s
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.
that a valid operations Permit has been issued.
Joshof ()
Signature of Authorized Agent for Harnett County of Harnett Date