HART T COUNTY HEALTH DEPARTM HTE 045-0910800 R IN ROVEMENT PERMIT

21466

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) William Wayne New Installation A Septic Tank Property Location: SR# ☐ Repairs Nitrification Line Lot# 6 Subdivision Tax ID # Quadrant # Number of Bedrooms Proposed: Q (26 x Lot Size: 2.31AC Basement with Plumbing: Garage: Public Water Supply: ☐ Well ☐ Community Distance From Well: ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. 25% Reduction SYJTEM Other Type of system: Conventional Septic Tank: | 300 gallons Size of tank: Pump Tank: gallons Subsurface No. of exact length depth of width of _ of each ditch 217 ft. ditches 18-24 in. Drainage Field ditches Linear feet of 25% Reduction System French Drain Required: Date: This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist 4-630 1224 E

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AU' ORIZATION TO CONSTI CT

Harnett County Department of Public Health, Improvement Permit # 2 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
This authorization will be invalid if ownership, site plans, or intended use change.
William Wazne Pennis
Name Telephone #
Address
1235
Property Location SR# Road Name
Subdivision Lot # # Bedrooms Proposed Lot Size
Subdivision Lot # # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
New Installation [] Repair Septic Tank Wittrification Lines
New Installation [] Repair Septic Tank Nitrification Lines [] Conventional Other 25% Reduction STIFF
Conventional Stories Stories Stories
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well Public Water Supply Minimum Well Setback: 50 Ft.
Septic Tank 1000 gal Pump Chamber gal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field Length of lines Q \ O Ft.
Width of ditches
French Drain: Linear feet required Depth of gravel
Depth of graver
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.
and that a valid Operations Permit has been issued.
011100
11-30-04
Signature of Authorized Agent for Harnett County Date