HARNETT COUNTY HEALTH DEPARTMENT

HTE 04-5-9466R

IMPROVEMENT PERMIT

20524

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) Lyda Jean Bridge man New Installation Septic Tank Property Location: SR# 24 Repairs Nitrification Line Subdivision The Viranda _____ Lot # __*3* Tax ID # _____ Quadrant # Lot Size: __2.6 Ac Number of Bedrooms Proposed: Basement with Plumbing: Garage: Public ☐ Community Distance From Well: _____ ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional Type of system: Other Size of tank: Septic Tank: /000 gallons Pump Tank: _____gallons Subsurface No. of exact length width of depth of of each ditch 75 ft. Drainage Field ditches 2 ditches ditches /8 in MAX French Drain Required: Linear feet Date: This permit is subject to revocation if site Signed: / plans or intended use change. Environmental Health Specialist 288 *Manton all retbecks * Read thes on contour 1 No DEEPER the 18: when 397 MH 14 x 76 38 * Not to scale

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUTHORIZATION TO CONSTRUCT

Harnett County Department of Public Health, Improvement Permit # 20524 . This 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.	
4	,
Name P.O. Box 532 Broadway, N.C. 27505 Address	Telephone #
Property Location SR#	
	Road Name
The Viranda 3 Subdivision Lot # # Bedroom	ns Proposed 2 \ Ac
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 / OOO gal Pump (Chambergal
NITRIFICATION FIELD SPECIFICATIONS	
Number of fields# of lines per field	-
Width of ditches ft. Depth of ditches	
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.	
Signature of Authorized And S	6/10/2004
Signature of Authorized Agent for Harnett County	Date