HARN COUNTY HEALTH DEPARTME No 19404 IMPROVEMENT PERMI 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) Kent New Installation Septic Tank HERCL Property Location: ☐ Repairs Nitrification Line Peach True Crossix ____ Lot #_ 103 _____ Quadrant # ____ Tax ID# Number of Bedrooms Proposed: 3(4745) Lot Size: 1.14 Ac Garage: NOTE Change In howe Community ORIVE And GARAGE location Basement with Plumbing: Water Supply: Well Public Distance From Well: _ Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Other blyt- Conntind Type of system: ☐ Conventional Septic Tank: / しょ Pump Tank: __/o> gallons Size of tank: Subsurface exact length exact length of each ditch 17 ft. ditches 1 ft. depth of ditches 1 Drainage Field ditches French Drain Required: To Be Otermylinear feet Before Sosterio Enstalled This permit is subject to revocation if site Signed: () plans or intended use change. As EASEMENT for Seven is Installed change for Seven is Installed change house on sente Area Area Area Meet on sit mad not pregular pump Final Laxon Area Area Meet on sit mad not private on park on sente Area Meet on sit mad not private on park on sente on Environmental Health Specialist Repair is Pretreatment & LPV 3BR 20

HARNETT COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit #	
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.	
Kent Draw	
Name	Telephone#
Address	
Property Location SR#	Road Name
Peach True 109	# Bedrooms Proposed Lot Size
Subdivision Lot #	# Bedrooms Proposed Lot Size
TYPE OF SYSTEM	
New Installation [] Repair [] Septic Ta	nk Nitrification Lines
New Installation [] Repair [] Septic Tank [] Nitrification Lines [] Conventional [Other 5 Conventional 6 Conventional 6 Conventional 6 Conventional 6 Conventional 6 Conventional 6 Conventional 7 Conven	
[] Basement [] With Plumbing [] Without Plumbing	
Water Supply: [] Well Public Water Supply Minimum Well Setback: Ft.	
Septic Tank D90 gd Pump Chamber (1905 gd)	
NITIRFICATION 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 500 MT Depth of gravel 36	
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.	
Clar L XIII	5-2257
Signature of Authorized Agent for Harnett County of Harnet	