HTE 03-5-6865

REPAIR

## HARNETT COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SECTION

16326

### **OPERATIONS PERMIT**

Name: (owner) Construction Systems Inc	•
Property Location: SR# 1403 HARNETT CENTRE	Nitrification Line
Subdivision	Lot #
Tax ID #	Quadrant #
Contractor: MIKE RAY	Registration #
Basement with Plumbing:	ge: 🗖
Water Supply:	nity
Distance From Well: ft.	
Following are the specifications for the sewage dispos	al system on above captioned property.
Type of system:	FLOW EQUALIZATION
8TS 578-349	Pump Tank: 6000 gallons
Subsurface No. of exact length of each ditch 95	width of depth of ditches 16 in.
French Drain Required:Linear feet	
PERMIT NO. 20246	Inspected by:  Environmental Health Specialist  Opening NTS
se 1403	DETAILED DRAWN
PASKING CHURCH CHURCH	OF COMPONENTS ON FILE AT HEALTH DEPT.
	•

#### HARNETT COUNTY HEALTH DEPARTMENT

20246

#### HTE 03-5-6965 IMPROVEMENT PERMIT

Be it ordained by the Harnett County Board of Health as follows: Section II tion of any building at which a septic tank system is to be used for disposal of sewag from the Harnett County Health Department."	
Name: (owner) Construction Systems INC XIN	ew Installation 🕱 Septic Tank
Property Location: SR# 1403 HARNETT CENTRAL RO DR	
Subdivision	Lot #
Tax ID #Quadr	
Number of Bedrooms Proposed: 400 MEMBER CHURCH Lot Size:	16.92AC
Basement with Plumbing: Garage:	
Water Supply: ☐ Well ☑ Public ☐ Community	
Distance From Well: ft.	
Following is the minimum specifications for sewage disposal system or to final approval.	above captioned property. Subject
Type of system:   Conventional Other FLOW EQUAL	ZATION
Size of tank: Septic Tank: 3000 gallons Pump Tank: 5	gallons NIN
Subsurface No. of exact length width of each ditch 95 ft. width	of depth of s_3_ft. ditches_\frac{18}{}_in.
This permit is subject to revocation if site plans or intended use change.  Linear feet  Date: 10 38  Signed:  E	103 nvironmental Health Specialist
CONSTRUCTED BUILDING  TOM PRINT LINE REPAIR	* MAINTAIN ALL SETBACK  * MAINTAIN ALL SETBACK  * TANKS PRAWN @ PLUMBING  STUB OUT SITE. TANKS MAY  RE. PLACED ANYWHERE  * COUTROL PAINEL WHICH WILL  ENABLE. PROPER FUNCTION OF  SYSTEM REQUIRED.  * INDUSTRIAL FILTER REQUIRED  * PUMP TO RUN 5 'S MINUTES  EVERY 7 ARS 56'S MINUTES  * SIX 'S SCHOO TAPS NEEDED

#### HARNETT COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONSTRUCT

by Harnett County Health Department, Improvement Permit # 20276. 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.		
Construction Systems INC 910-738-5224		
Telephone#		
Address Lumberson NC 28358		
Property Location SR# HAZNETI CENTRAL RD		
Property Location SR# Road Name		
Subdivision Lot # Bedrooms Proposed Lot Size		
TYPE OF SYSTEM		
New Installation [] Repair Septic Tank Nitrification Lines		
[] Conventional Other FLOW EQUALIZATION		
[ ] Basement [ ] With Plumbing [ ] Without Plumbing		
Water Supply: [ ] Well Public Water Supply Minimum Well Setback: 100 Ft.		
Septic Tank 3000 gd Pump Chamber 5000 gol		
NITIRFICATION FIELD SPECIFICATIONS		
Number of fields   # of lines per field 6 Length of lines 95 Ft.		
Width of ditches ft. Depth of ditches inches		
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.		
Mell Mall		
28 Mills will all		
Signature of Authorized Agent for Harnett County of Harnett		

Date

#### HARNETT COUNTY HEALTH DEPARTMENT

20236

#### HTE 03-5-0865

#### **IMPROVEMENT PERMIT**

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) Construction Systems NC New Installation & Septic Tank
Name: (owner) Construction Systems INC New Installation Septic Tank Property Location: SR# 1403 HARNET CENTRAL RD Repairs Nitrification Line
SubdivisionLot #
Tax ID #Quadrant #
Number of Bedrooms Proposed: 400 MEMBER CHURCH Lot Size: 16.92AC
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 PRESSURE MANIFOLD
Size of tank: Septic Tank: 3000 gallons Pump Tank: 3000 gallons
Subsurface No. of exact length width of depth of Drainage Field ditches 12 of each ditch 140 ft. ditches 3 ft. ditches 20 in.
French Drain Required:Linear feet Date:
This permit is subject to revocation if site plans or intended use change.  Signed: Environmental Health Specialist
SP1403
DRAWING NTS
SETBACKS
* MEET ON SITE 140' AREA
PEICE TO INSTALLATION
TO FINALISE FIELD
LOCATION LPP REPOIR

# 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 #
Name  Controlon Systems INC  Plephone#
Address Lumberton NC 28358
Property Location SR# CENTER RD
Road Name
Subdivision Lot # # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
New Installation [] Repair Septic Tank Nitrification Lines
[] Conventional MOther PRESSURE MANIFOLD
[ ] Basement [ ] With Plumbing [ ] Without Plumbing
Water Supply: [] Well Public Water Supply Minimum Well Setback: 100 Ft.  Septic Tank 3000 gd Pump Chamber 3000 god
3000 god
NITIRFICATION FIELD SPECIFICATIONS
Number of fields / # of lines per field 12 Length of lines /40 Et
Width of ditches 3 ft. Depth of ditches 18 inches
French Drain: Linear feet required Depth of gravel
SECURITY SEC
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 a
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.
Salar May S.
Signature of Authorized Agent for Harnett-County of Harnett
Date