01-5-2672

HARNETT COUNTY HEALTH DEPARTMET

Nº 18585

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) J.D. Hant New Installation Septic Tank SR# 2027 HORSESHOE BENORD Property Location: ☐ Repairs Nitrification Line Subdivision HORSESHOE ESTATES Tax ID #__ _____ Ouadrant # ___ Number of Bedrooms Proposed: _____Lot Size:_ Basement with Plumbing: Garage: Water Supply: ☐ Well N Public ☐ Community Distance From Well: _ Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. MOther Pump To CONVENTIONAL Type of system: Conventional Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons depth of 12 in. MAX Subsurface exact length width of depth of of each ditches ft. ditches Drainage Field ditches French Drain Required: _____ Linear feet This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist *MAINTAIN ALL SETBACKS 146 * RUN LINES ON CONTOUR * Pome REQUIRED SOSEPTIL TANK CAN REST BELOW 6240E. 190 198' 28' 280'

SR 2027

RNETT COUNTY HEALTH DEI TMENT AU . HORIZATION TO CO. . STRUCT

Authorization is hereby given to construct a wastewater system to the specifications described

by Harnett County Health Department Improvement Permit # 18585 ... 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. Owner or Authorized Agent 3.0. HAZ Name: ______ Telephone # 910-814-1494 Address: 1358 BUNNZEYEZ/ERMIN RO BUNNZEYEZ NC 28323 Property Location: SR # 2027 Road Name Horseshoe Beno Ro New Installation Repair Septic Tank Nitrification Lines Subdivision Horseshoe ESTATES Lot # 1 Number of Bedrooms Proposed: ______ Lot size: _____ 68 ac_____ Basement _____ With Plumbing _____ Without Plumbing _____ Water Supply: Well _____ Public ____ Minimum Well Setback: 100 ft. Type of System: Conventional _____ Other ____ Tank Volume: Septic Tank 1000 gallons Pump Chamber 1000 gallons **Nitrification Field Specifications** Width of ditches _____ ft. Depth of ditches _____ inches MAX 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. Authorized Agent for Harnett County Health Department Date: 8 100) Name:

(Revised 2/96) CNSTRCT. WPD