02-5-5016

HARNI COUNTY HEALTH DEPARTME

Nº 19530

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) David Da	WENPORT	New Installati	on Septic Tank
Property Location: SR# Hwy	NC310	Repairs	Nitrification Lin
Subdivision			Lot #
Tax ID #		Quadrant #	
Number of Bedrooms Proposed:	3	Lot Size: 1.74	
Basement with Plumbing:	Garage:		
Water Supply: Well P	ublic Communit	y	
Distance From Well:	ft.		
Following is the minimum specificat final approval.			
Type of system: Conventional			
Size of tank: Septic Tank:			
Subsurface No. of Drainage Field ditches	exact length of each ditch	width offt. ditchesft.	depth of ditches 18-24 in.
This permit is subject to revocation plans or intended use change. **MANNTAIN ALL SETBACKS **CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION 270	Date: _	Environmental I	Health Specialist

DRAWING

02-5-5016

HARNE

COUNTY HEALTH DEPARTMENT

Nº 19521

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) DAVID DAVENPORT	New Installation Septic Tank
Property Location: SR#_NC210	
Subdivision	Lot #
	Quadrant #
	Lot Size: 1.74AC
Basement with Plumbing: Gara	age:
Water Supply: Well Public Con	nmunity
Distance From Well:ft.	
inai approvai.	sposal system on above captioned property. Subject to
Type of system: Conventional Other	
	Pump Tank: gallons
Subsurface No. of exact length of each ditch.	width of depth of ft. ditches 3 ft. ditches 18-24 in.
French Drain Required: Linear feet	
This permit is subject to revocation if site plans or intended use change.	Signed: Environmental Health Specialist
* MAINTAIN ALL SETBACKS + CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION HMY 210	DRAWING NYS 2000- 270

HAI TT COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONSTRUC.

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 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.
DANO DAVENPORT 910-893-2604 Name Telephone #
Name Telephone #
4821 NC210 SOUTH BUNDLEVEL NC 28323
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 Nitrificiation Lines Conventional Other [] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well Public - Minimum Well Setback:Ft. Septic Tank Pump Chamber NITRIFICATION 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 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 Agent for Harnett County Date