HAR TT COUNTY HEALTH DEPARTI

HTE 05-50012447

IMPROVEMENT PERMIT

22079

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) GARY MCLEAN New Installation Septic Tank Property Location: SR# 2030 Molean CHAREL CH. Ro. Repairs Nitrification Line Subdivision Couray VIEW ESTATES ____ Lot # ___ 1 Tax ID # _____ Quadrant # _____ Number of Bedrooms Proposed: Lot Size: 1.0 No. 25 Basement with Plumbing: Garage: ☐ Well Public Public Water Supply: ☐ Community Distance From Well: ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Dother Pump To 25% REDUCTION Conventional Type of system: Septic Tank: 1000 gallons Pump Tank: 1000 gallons Size of tank: Subsurface No. of exact length width of depth of ditches 4 of each ditch 75 ft. Drainage Field ditches 3 ft. ditches 18-22 in. French Drain Required: Linear feet 7/5/05 Date: RS COLIVER TOLKSDORF This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist 5R 2030 DRAWING NIS LPP REPAIR *MAINTAIN ALL SETBACKS * PUMP REQUIREMENT 23 gpm @ 11'TDH *CALL WITH ANY QUESTIONS UNSUITABLE SOIL PRIOR TO INSTALLATION

HARNETT (JNTY DEPARTMENT OF PU IC HEALTH AU ... ORIZATION TO CONSTRUCT

Harnett County Department of Public authorization shall be valid for a period	Health, Improvement Per	mit # 22079
authorization shall be valid for a period This authorization will be invalid if or	wnership, site plans, or in	ears from the date of issuance. Itended use change.
GARY M. MCLEAN		993-8711
Name		893-5764 Telephone#
304 HILLS LN Earny No	C 28389	
2030	Mal Faul Care	Cu Da
Property Location SR#	MOLEAN CHAPEL	Road Name
Course V- C-		
Courtan View Cor. 1 Subdivision Lot#	# Bedrooms Proposed	1.0 %
		Lot Size
<u>1</u>	TYPE OF SYSTEM	
New Installation [] Repair	Septic Tank	Nitrification Lines
[] Conventional Other Pum	APTO 25% REDUCT	on System
[] Basement [] With Plumbing [] Without Plumbing	
Water Supply: [] Well Public	c Water Supply Minimum	Well Setback: 100Ft.
Septic Tank gal	Pump Chamber	loco gal
NITRIFICAT	ION FIELD SPECIF	<u>ICATIONS</u>
Number of fields# of line	es per field Ler	ngth of lines _75 Ft.
Width of ditches ft. Depth	of ditches 18-22 inc	ches
French Drain: Linear feet required	Depth of gravel _	
No wastewater system shall be covered	l or placed into use by any	nerson until an inspection by the
Harnett County Health Department has the conditions of the Improvement Perr	determined that the syste	m has been installed accord:
	2	
	R.S	nlelas
Signature of Authorized Agent for Harnett Cor	anty	7 Sate