015-3102

HARNET

OUNTY HEALTH DEPARTMEN

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) TINA + MICHAEL HOOGES New Installation Septic Tank
Property Location: SR#1462 BNCHATRAIN 55. Repairs Nitrification Line
Subdivision CAPTAINS LANDING Lot # 11
Tax ID # Quadrant #
Number of Bedrooms Proposed: Lot Size:
Basement with Plumbing: Garage: Garage:
Water Supply: Well Public Community
Distance From Well: ft.
Following is the minimum specifications for sewage disposal system on above captioned property. Subject to inal approval.
Type of system: Conventional Other POLYSTYPENE AGGREGATE TRENCH
Size of tank: Septic Tank: gallons Pump Tank: gallons
Subsurface No. of ditches 5 exact length of each ditch 60 ft. ditches 3 ft. ditches in.
French Drain Required: Linear feet
Date: 11/27/01
This permit is subject to revocation if site plans or intended use change. Signed: Environmental Health Specialist
Dlans or intended use change. Environmental Health Specialist
* MAINTAIN ALL SETBACKS
* RUN LINES ON CONTOL
* 5YOTEM MAYBE CHANGE
TO 1 300 FOOT LINE
446' IF CONTOUR DIGIATE
SUCH.
45' * CALL PRIOR TO
NSTALLATION .
C8 - ME
120N 90'

ROAD

H ETT COUNTY HEALTH DEPARTME AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
TINA + MICHAEL HOOGES		914-557	-7897	
Name	919-557-7897 Telephone #			
86 CARROLL DAVIS LN H	IOLLY SPO	RINGS NC 275	40	
1462 PONCHATRAIN	55.			
	PONCHATRAIN ST. Road Name			
CARTAINS LANDING	11	3	190	
Subdivision	Lot #	# Bedrooms Proposed	Lot size	
TYPE OF SYSTEM				
New Installation [] Repair [Septic Tank] Nitrificiation Lines				
[] Conventional Other Poly. Acc. Toency [] Basement [] With Plumbing [] Without Plumbing				
Water Supply: [] Well Public - Minimum Well Setback: 100 Ft.				
NITRIFICATION FIELD SPECIFICATIONS				
Number of fields # of lines per field Length of lines 60 Ft.				
Width of ditches ft. Depth of ditches \gamma 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		11/27/01 Date		