HARNITT COUNTY HEALTH DEPARTME

HTE 04-50010983

IM. ROVEMENT PERMIT 21660

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) BRIAN BARNEY New Installation Septic Tank Property Location: SR# 1120 OVERNIUS Ro Repairs Nitrification Line ____ Lot # ____ Subdivision _____Quadrant # _____ Tax ID # Number of Bedrooms Proposed: 3 Lot Size: 4,46ac Basement with Plumbing: Garage: Water Supply: Well Public Public ☐ Community Distance From Well: 100 ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system: ▼ Conventional Other Pump Tank: gallons Size of tank: Septic Tank: 1000 gallons exact length Subsurface depth of No. of width of ditches 3 of each ditch 100 ditches 3 ft. ditches_\8 Drainage Field French Drain Required: Linear feet RS COLIVER TOLKSORF This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist 499' *MAINTAIN ALL SETBACKS * CALL WITH ANY QUESTIONS PRIORTO INSTALLATION 309 REPAIR 10 SRIIZO V

HARNETT C NTY DEPARTMENT OF PUF CHEALTH AUTRORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 2/660. 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.
BRIAN BARNEY HOMES BY VANOERBUILT 919-774-6319
Name Telephone #
3300 SEFFERSON DAVIS HWY SANFORD NC 27332 Address
Property Location SR# Pood Name Pood Name
Property Location SR# Road Name
Subdivision Let # # P. I
Subdivision Lot # # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
New Installation [] Repair Septic Tank Nitrification Lines
Conventional [] Other
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: Well [] Public Water Supply Minimum Well Setback: No.
Septic Tank gal Pump Chamber gal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field 3 Length of lines too Ft.
Width of ditches ft. Depth of ditches inches
French Drain: Linear feet required Depth of gravel
No wastewater system shall be sovered or placed into the state of the
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.
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Signature of Authorized Agent for Harnest County
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