## HARNTOT COUNTY HEALTH DEPARTM

## HTE 04-50010181R

## **IN.-ROVEMENT PERMI'**

21225

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) RICHARD COMMINGHE Property Location: SR#_ 1769		
Subdivision WEST ERWIN EST		
Tax ID #	Quadrant #	
Basement with Plumbing:	0	
	Community	
Distance From Well: 100 ft.		
Following is the minimum specifications for to final approval.	ewage disposal system on above cap	tioned property. Subject
Type of system:	Other Pume To SHALLOW CONVE	MIONAL LINES
Size of tank: Septic Tank: 1000	allons Pump Tank: 1000 gallo	ons
Subsurface No. of exact length of each ditches 4 of each ditches	th width of tch100 ft. ditches 3 ft.	
French Drain Required:Line		
	Date: (1)500	
This permit is subject to revocation if site	Signed:	RS (OLIVER TOLKSDORF)
plans or intended use change.	Environmenta	al Health Specialist
5	21769	* MAINTAIN ALL SETBACKS
D 59	AREA	OVER DRAINFIELD
YE		PRIOR TO INSTALLATION
	100'	
	28'x56' 299'	
<u>46</u>	28 ×56 299'	
	CHO-/	

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## HARNETT CC | TY DEPARTMENT OF PUB | HEALTH AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit #			
RICHARD CUNNINGHAM 919-630-0408			
Name CUNNINGHAM 919-630-0408 Telephone #			
OLD STAGE RD ERWIN NC 28339 Address			
Property Location SR#  Road Name			
Property Location SR# Road Name			
Subdivision Lot# #Bedrooms Proposed Lot Size			
TYPE OF SYSTEM			
New Installation [ ] Repair Septic Tank Nitrification Lines			
[] Conventional MOther Pump To SHALLOW CONV. LINES			
[ ] Basement [ ] With Plumbing [ ] Without Plumbing			
Water Supply: [ ] Well Public Water Supply Minimum Well Setback:Ft.			
Septic Tank gal Pump Chamber gal			
NITRIFICATION FIELD SPECIFICATIONS			
Number of fields # of lines per field Length of lines 10 O 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.			
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Signature of Authorized Agent for Harnett County  Date			