HARN T COUNTY HEALTH DEPARTMI

HTE 03-5-8370

IMPROVEMENT PERMIT

21120

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) Atking Place LLC New Installation Septic Tank Property Location: SR#_1448 A+k...s Re Repairs Nitrification Line Subdivision_A+Kins Lot # 25 Quadrant # Tax ID # Lot Size: _____35 Ac Number of Bedrooms Proposed: Basement with Plumbing: Garage: 2 Water Supply: Public ☐ Well Community Distance From Well: Soria_ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Dother 25 % leduction System Type of system: Conventional Size of tank: Septic Tank: /OOO gallons Pump Tank: ____gallons Subsurface No. of exact length width of depth of of each ditch 70 ft. ditches24-18 in. ditches 3 Drainage Field ditches 3 French Drain Required: Linear feet This permit is subject to revocation if site plans or intended use change. Environmental Health Specialist * Maintainall retback Partial Wilker +Start ditches at 24" Run to 18" stepdown 24" Rua to 18" * Will need 2 stepdowns

HAR LITT COUNTY HEALTH DEPARAMENT AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater by Harnett County Health Department, Improvement Pauthorization shall be valid for a period not to exceed five This authorization will be invalid if ownership, site plans,	This
Atkins Place (1)	or intended use change.
Name	919 639 7424
Atkins Place LLC Name 72 Over lack Ct. Angre- N.C. 27501 Address	Telephone#
1448	1
Property Location SR#	Atkins
Atkins Place 25 3	Road Name
Atkins Place 25 3 Subdivision Lot # Bedroom	ns Proposed
TYPE OF SYSTEM	Lot Size
[] New Installation [] Repair [] Septic Tank [] Nitrification Lines	
[] Conventional [JOther 25% Reduction Lines	
[] Basement [] With Plumbing [] Without Plumbing	
Water Supply: [] Well [Public Water Supply Minimum Well Setback: 50 Ft.	
Septic Tank /000 gd Pump Chamber	90
NITIRFICATION FIELD SPECIFICATIONS	
Number of C. 11	
Number of fields / # of lines per field 3	_Length of lines Ft.
Width of ditches 3 ft. Depth of ditches 24-18 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 be	
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.	
that a valid Operations Permit has been issued.	
Buge M. S.	
Signature of Authorized Agent for Harnett County of Harnett	1/2/2004
	Date