HARNET COUNTY HEALTH DEPARTMEN

HTE04-5-90212

IMPROVEMENT PERMIT

21972

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) John Clark New Installation Septic Tank Property Location: SR# Bleggess Ct. Repairs Nitrification Line Subdivision Neils Creek forms Lot # _/26 Tax ID # Number of Bedrooms Proposed: Basement with Plumbing: Garage: Public ☐ Community Distance From Well: 50 m ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional Type of system: ☐ Other Size of tank: Septic Tank: 1000 gallons Pump Tank: gallons Subsurface No. of exact length width of depth of of each ditch 100 ft. Drainage Field ditches ditches 24-30 in. ditches & French Drain Required: Linear feet Date: This permit is subject to revocation if site plans or intended use change. Environmental Health Specialist 016 * Mantanall set but thoughter on contour *Contractorto call 125 149 Hoose 75 450 88~

HARNETT CONTY DEPARTMENT OF PUIC HEALTH AUTHORIZATION TO CONSTRUCT

Harnett County Department of Public Health, Improvement Permit # 21972. 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.
Name Tolu Clark 919 639 509/ Telephone #
1311 Masseys. 11 Poudde Arg. cr. N.C. 23501 Address
Property Location SR# Road Name
Ne. 15 Creek Farms /26 3 1307 Ac 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: 50 Ft.
Septic Tank gal Pump Chamber gal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields/ # of lines per field/ Length of lines/00 Ft.
Width of ditches ft. Depth of ditches _24-30 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.
Sun Medical Indian
Signature of Authorized Agent for Harnett County Date