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HARNI COUNTY HEALTH DEPARTME

IMPROVEMENT PERMIT

20622

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 6 + Jenny Benent New Installation Septic Tank Property Location: SR# / YZ Repairs Nitrification Line Lot # ____ Subdivision Tatur + WELKENS Basement with Plumbing: Garage: Public ☐ Well ☐ Community Water Supply: Distance From Well: 50' ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional Type of system: ☐ Other Pump Tank: _____gallons Size of tank: Septic Tank: 1000 gallons Subsurface No. of exact length width of ditches 3 ft. ditches/2>16 in. ditches / of each ditch 400 ft. Drainage Field French Drain Required: ____ Linear feet Signed: James & Manhant Door This permit is subject to revocation if site plans or intended use change. Environmental Health Specialist * START Trenches AT 12"DERP WORK TO 66" At Botton of 164 Slope. ON SETTE Ruon to 9081 DET CARRES * Final will NOT BE GEOGN UNTEL ALL NEGIZED FELL 90801 Home moterial IS Paso

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HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH 2081 AUT. RIZATION TO CONSTR. T

Harnett County Department of Public Health, Improvement Permit # 20622. 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 Poy Rolling Fam Dr Rabigo N.C. 27603 Address
104 Rolling Fam. DR Rabigo N.C. 77603
42
Property Location SR# Road Name
Willbers & Toton 4 3 1.05
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:Ft.
Septic Tank gal Pump Chamber gal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field/ Length of lines Ft.
Width of ditches ft. Depth of ditches / 2 -> 16 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