HARNI COUNTY HEALTH DEPARTME

HTE D4-5-10344

IM. ROVEMENT PERMIT

21328

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) Allied Invitor) Weaver Development TNew Installation Septic Tank Nitrification Line Repairs Property Location: SR#___ ___Lot # 17J Subdivision SUN Sct Quadrant # Tax ID# Number of Bedrooms Proposed: 3(49 x 53) Lot Size: 34412 Garage: Basement with Plumbing: 2 Public Community ☐ Well Water Supply: Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Mother 25% Reduction SYJTEM Conventional Type of system: Septic Tank: 1000 gallons Pump Tank: _____gallons Size of tank: exact length width of of each ditch 150 ft. width of ditches 3 ft. depth of Subsurface No. of ditches 18-24 in. Drainage Field ditches French Drain Required: Linear feet \$ 25% Reduction SYSTEM Date: 09-22-04 This permit is subject to revocation if site Signed: ___ 150 Environmental Health Specialist plans or intended use change. 25 Dava 15' From D.tch 15 25 Mo Meet onsite Maintain Allsel Dacks

AUTHORIZATION TO CONSTRUCT

Harnett County Department of Public Health, Improvement Permit # 2) 328 This
This authorization will be invalid if ownership, site plans, or interval.
Allrd Investors Veaver Dev.
Name
Telephone #
Address
141
Property Location SR# Road Name
Dunget Mide 120 3/45 (ch)
Subdivision Lot # #Bedrooms Proposed Lot Size
TYPE OF SYSTEM
Septic Tank Mitrification Lines
New Installation [] Repair Septic Tank Mitrification Lines [] Conventional [Other 5% Repair Septic Tank Mitrification Lines
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well [DPublic 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 Ft. Width of ditches ft. Depth of ditches inches Job Ft. French Drain: Linear feet required Depth of gravel Depth of gravel
French Drain: Linear feet required
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 I. i.
the conditions of the Improvement Permit and that a valid Operations Permit has been installed according to
A sportations I entitle has been issued.
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Signature of Authorized Asset S. V.
Signature of Authorized Agent for Harnett County Date