HARN: 'COUNTY HEALTH DEPARTME

HTE 04-5-10440

IM. ROVEMENT PERMIT

21245

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."

from the Harnett County Health Department."	bar of borrage without mot obta	ming it written permit
Name: (owner) WAYNE HOMES MIDMILANTIC LLC	_	-
Property Location: SR# 1281 Thomas From Ro		Nitrification Line
Subdivision FLAT BARNCH RUN	Lot #	10
Tax ID #		
Number of Bedrooms Proposed: Loc	t Size: 1.73Ac	
Basement with Plumbing:		
Water Supply:		
Distance From Well: 50 ft.		
Following is the minimum specifications for sewage disposal to final approval.	system on above caption	ed property. Subject
Type of system:		
Size of tank: Septic Tank: 1000 gallons Pur		
Subsurface No. of exact length of each ditch of each ditch ft.	width of ditches 3 ft.	depth of on ditches 18 in 500 units
French Drain Required: Linear feet		TRENC
Da	te: 10 11 04	
This permit is subject to revocation if site Sig	ened: Man	RS (OLIVER TOLKSPORF)
plans or intended use change.	Environmental He	ealth Specialist
*MAINTAIN ALL SETBACKS		
PRIOR TO INSTALLATION RESIDENTS INSTALLATION		
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-32	(430)	
	CON. REPAIR AREA	
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175'

HARNETT CC TTY 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 # 21245 . 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 Homes Midatlantic LLC 910-286-8737 Telephone #			
3015 S. JEFFERSON DAVIS HWY SANFORD NC	•		
Property Location SR#	Road Name		
FLEX BRANCH RUN D 3 Subdivision Lot # # Bedrooms Proposed			
TYPE OF SYSTEM			
New Installation [] Repair Septic Tank	trification Lines		
Conventional [] Other			
[] Basement [] With Plumbing [] Without Plumbing			
Water Supply: [] Well Public Water Supply Minimum Well Setback: _50 Ft.			
Septic Tank 1000 gal Pump Chamber	gal		
NITRIFICATION FIELD SPECIFICATIONS			
Number of fields # of lines per field 3 Len	gth of lines 90 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.			
Signature of Authorized A ment for Hanne S	to[11]01		
Signature of Authorized Agent for Harnett County	/ Date		