HARN COUNTY HEALTH DEPARTM

HTE 04-5-10454

IMPROVEMENT PERMIT

21267

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) New Installation Septic Tank Property Location: SR# 1/24 Rambeaut Rd. Repairs Nitrification Line Subdivision Desta Lot # 33 Tax ID # Quadrant # Lot Size: _______346 fc Number of Bedrooms Proposed: Basement with Plumbing: Garage: 2 Public Water Supply: ☐ Well ☐ Community 50 Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Mother 25% Reduction System ☐ Conventional Type of system: Septic Tank:/000 gallons Pump Tank:____ Size of tank: Subsurface No. of exact length width of depth of of each ditch 240 ft. ditches/2-18 in. ditches 3 Drainage Field ditches French Drain Required: Linear feet This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist * Maintain all setbucks + Run ditch on contour * 1st Run to be installed at 12 inch w/ 6 inches of LPP cover brought in 150 * 2nd + 3rd Rous to be 151 installed at 18 inches 46 X52

Itorewill Court

HARNETT CONTY DEPARTMENT OF PUBENHEALTH 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 # 21267. 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 Telephone #
Address Yedkin Ra. Fayett vill Rt 28303
Property Location SR# Road Name
Subdivision Lot # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
[New Installation [] Repair [Septic Tank [] Nitrification Lines
[] Conventional [] Other 25% Reduction forten
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well [] Public Water Supply Minimum Well Setback: Ft.
Septic Tankgal Pump Chambergal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields/ # of lines per field/ Length of lines _240 Ft.
Width of ditches ft. Depth of ditches /2-/F 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.
R Mcl no
Signature of Authorized Agent for Harnett County
Date