HARN COUNTY HEALTH DEPARTM

HTE 045 10672 IN

IMPROVEMENT PERMIT

21451

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) Kenneth Cumming) New Installation Septic Tank Property Location: SR# Repairs Nitrification Line Subdivision_ The ___ Lot # _ \ Quadrant # Tax ID# Number of Bedrooms Proposed: 4 (54x59) Lot Size: 115x 200 x 115 x 200 x 115 23 000 SEPT Garage: 💆 Basement with Plumbing: ☐ Well Public ☐ Community Water Supply: Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional Other Type of system: Septic Tank: \square gallons Pump Tank: gallons Size of tank: depth of ditches 18-24 in. Subsurface No. of exact length width of of each ditch as ft. ditches 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 200 111 1141 1)2NE 13 STUB Out Plumbing shalper at ground level or higher Maintain All set Backs

AUTHORIZATION TO CONSTRUCT

Authorization is hereby give construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 21 451. 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 Name
Telephone #
Property Location SR#
The Summet The 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 Ft. Width of ditches 5. ECHICATIONS # of lines per field Length of lines Ft.
French Drain: Linear feet required Depth of gravel
No wastewater system shall be covered or placed in the
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 Agent for Harnett County

Date