ARNI COUNTY HEALTH DEPARTME

HTE 04-5-10673

IM. ROVEMENT PERMIT

21452

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 Cumnings LLC New Installation Septic Tank Property Location: SR# Repairs Nitrification Line Subdivision The Summit Lot # 78 Tax ID# Quadrant # Number of Bedrooms Proposed: $4(59 \times 31)$ Lot Size: 23, DDD Sq Pt Garage: Basement with Plumbing: 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. Conventional ☐ Other Type of system: Septic Tank: | Septic Tank: gallons Pump Tank: gallons Size of tank: Subsurface No. of exact length depth of ditches 18-24 in. width of of each ditch 280 ft. Drainage Field ditches ditches French Drain Required: Linear feet (DO) - CEP This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist 200 25 115 STUB Out Plumbing shallow- At ground level or higher MAINTAIN All Set Backs

AUTHORIZATION TO CONSTRUCT

Harnett County Department of Public Health, Improvement Permit # 21452 . 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 #
Address
1141
Property Location SR# Road Name
Subdivision 4(59x31) 2722 = C+
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
I SPECIFICATIONS
Number of fields # of lines per field Length of lines 265 Ft.
Width of ditches ft. Depth of ditches inches ft.
French Drain: Linear feet requiredDepth 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 in the system.
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.
Low West RS
Signature of Authorized Agent for Harnett County Date