HARN COUNTY HEALTH DEPARTMI

HTE 04-5- 10700

IMPROVEMENT PERMIT

21454

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." (PRG Holdings Name: (owner) Phils Hame Improvement Of New Installation of Septic Tank ☐ Repairs Nitrification Line Property Location: SR# Colonial H.11s Subdivision Colonia ___ Lot # __23 Ouadrant # Tax ID# Number of Bedrooms Proposed: 3 (45x56) Lot Size: 2.83 Ac Basement with Plumbing: Garage: 🔽 V 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. Dother Purp to Conventional Conventional Type of system: Septic Tank: 1000 gallons Pump Tank: /W gallons Size of tank: Subsurface No. of width of ditches ____ft. depth of ditches 1824 in. exact length of each ditch /UD ft. Drainage Field ditches French Drain Required: Linear feet Signed: ____ This permit is subject to revocation if site Environmental Health Specialist plans or intended use change. 5000 WAYE EASEN 110 219 45x56 64 SFREN Please Note: Have Plumber & Builder meet me onsite Befor STUBBZny Out Plumbing - If Plumbing can be At ground level or higher (At Natural Stade Na) Pump may Not be required- Meet onsite for Final Lay out

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUT ORIZATION TO CONSTI

Harnett County Department of Public Health, Improvement Permit # 21454 . Th	io
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.	15
M. Home Typore put (PRQ Holdings) Telephone #	
Name Telephone #	-
Address	-
Property Location SR#	
Road Name	-
Colonial H.III 23 3(45256) 2.83m	
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 2 Length of lines \(\) 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	7
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.	
0.11.1.00	
Signature of Authorized A part 5- Hand 6	
Signature of Authorized Agent for Harnett County Date	-