HARNETT COUNTY HEALTH DEPARTMENT

HTE 045001079 R **IMPROVEMENT PERMIT** 21524

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) Custom Contracting Corp ☒ New Installation ☒ Septic Tank

Property Location: SR# 1201 ☐ Repairs ☒ Nitrification Line

Subdivision Carolina Seasons Lot # B-9

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (56x28) Lot Size: .35Ac

Basement with Plumbing: ☐ Garage: ☒

Water Supply: ☐ Well ☒ Public ☐ Community

Distance From Well: _____ ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: ☒ Conventional ☐ Other _____

Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface Drainage Field	No. of ditches	exact length of each ditch	width of ditches	depth of ditches
	1	200 ft.	3 ft.	18-24 in.

French Drain Required: _____ Linear feet

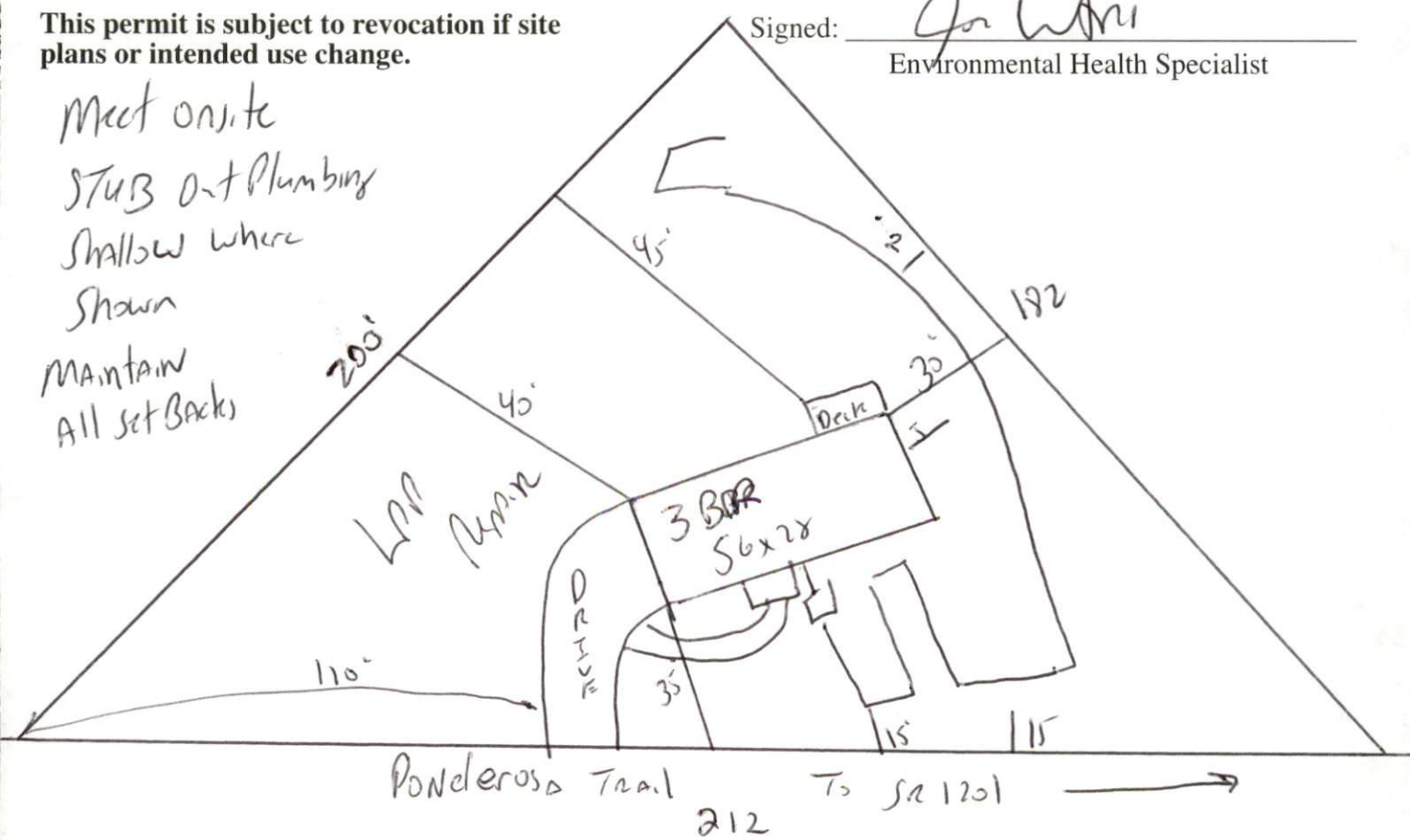
Date: 01-21-05

This permit is subject to revocation if site plans or intended use change.

Signed: _____

Environmental Health Specialist

Meet onsite
STUB out Plumbing
Shallow where
Shown
Maintain
All set Backs



HARNETT COUNTY DEPARTMENT OF PUBLIC 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 # 21524. 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.***

Custom Contracting
Name

Telephone #

Address

1201
Property Location SR#

Road Name

Carolina Seasons | B-9 | 3(56x28) | .39 ac
Subdivision | Lot # | # Bedrooms Proposed | Lot Size

TYPE OF SYSTEM

[X] New Installation [ ] Repair [X] Septic Tank [X] Nitrification Lines

[X] Conventional [ ] Other _____

[ ] *Basement* [ ] *With Plumbing* [ ] *Without Plumbing*

Water Supply: [ ] Well [X] Public Water Supply Minimum Well Setback: 50 Ft.

Septic Tank 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 200 Ft.

Width of ditches 3 ft. Depth of ditches 18-24 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.

Joe West RS
Signature of Authorized Agent for Harnett County

01-21-05
Date