HAR! T COUNTY HEALTH DEPARTM

HTE 04-5- 10825

IMPROVEMENT PERMIT

21863

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) Built Troc New Installation Septic Tank
Property Location: SR# 1403 Cokesbury Revel Repairs Nitrification Nitrification Line Subdivision Cohospus, Ponk ___ Lot # __**29** Quadrant # Tax ID # Number of Bedrooms Proposed:_ Lot Size: Garage: Basement with Plumbing: Public ☐ Community Water Supply: ☐ Well 50 Distance From Well: ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. NOther Purp to 25% Reduction Monetes Conventional Type of system: Septic Tank: 1000 gallons Pump Tank: 1000 gallons Size of tank: Subsurface width of No. of exact length depth of ditches 24718 in ditches 3 of each ditch 80 ft. ditches 3 ft. Drainage Field French Drain Required: _____ Linear feet 3.31-05 This permit is subject to revocation if site plans or intended use change. Environmental Health Specialist MANITER Specs 3 34" Selt 40 UNIVES 2 Pressure/HACL HOME 16

04-5-10825

HARNETT (NTY DEPARTMENT OF PU C HEALTH AU IN ORIZATION TO CONSTRUCT

Harnett County Department of Public Health, Improvement Permit # 21863. This authorization shall be valid for a period pattern of Public Health.	s
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.	
Bradley Built INC 919-635-2073 Name Telephone #	
466 577200 12D Angies N.C. 27501 Address	-
Property Location SR# Road Name	
Subdivision Lot # Bedrooms Proposed Lot Size	
Lot # Bedrooms Proposed Lot Size	
TYPE OF SYSTEM	
[New Installation [] Repair [Septic Tank [Nitrification Lines	
[] Conventional [] Other 25% Rodento Type	
[] 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 Ft.	
Width of ditches ft. Depth of ditches 24->18 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.	
James & Montput Dora. 4-7-05	
Signature of Authorized Agent for Harnett County Date	