HARN COUNTY HEALTH DEPARTME

HTE 04-5-108262

IM-ROVEMENT PERMIT

21397

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) Bradlay Built TNC New Installation Septic Tank Property Location: SR# 1435 TREPDICO Repairs Nitrification Line Subdivision Plantation at Vansyand Green Lot # 34 Quadrant # ____ Tax ID # Basement with Plumbing: Garage: Public ☐ Well ☐ Community Water Supply: Distance From Well: 50' ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. NOther 25% Reduction System Septic Tank: 1000 gallons Pump Tank: _____gallons Size of tank: Subsurface No. of width of exact length depth of ditches 3 of each ditch 100 ft. ditches 3 ft. Drainage Field ditches 20 ->18 in. French Drain Required: _____ Linear feet Date: Environmental Health Specialist This permit is subject to revocation if site Signed: plans or intended use change. Contractor to MEET ON SITE Prior to INStallation Pant Inwounter & (3 NI

HARNETT C NTY DEPARTMENT OF PUE CHEALTH 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 # 21397. 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 o	wnership, site plans, or in	tended use change.
2		919 - 639 - 7073 Telephone #
466 STANCES PO ANG	ien N.C. 24	521
Property Location SR#		TREPO IZD
		Road Ivame
Martin at 34	3	.61
Subdivision Lot #	# Bedrooms Proposed	Lot Size
Subdivision st 34 Subdivision Vaneyard Coreen 1	TYPE OF SYSTEM	
[New Installation [] Repair [
[] Conventional [Tother 25% Reduction System		
[] Basement [] With Plumbing [,	
Water Supply: [] Well [Public Water Supply Minimum Well Setback:Ft.		
Septic Tankgal Pump Chambergal		
NITRIFICATION FIELD SPECIFICATIONS		
Number of fields # of line	es per field	ngth 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	d 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 & Marshant	@12	1
Signature of Authorized Agent for Harnett Con	untv	1-10-05
Transcrized Agent for Hamet Co	unty	Date