HARNY T COUNTY HEALTH DEPARTMENT

HTE 64-5-10864

IMPROVEMENT PERMIT

21388

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) Barah Homes INC New Installation Septic Tank Nitrification Line Subdivision Bennett Place Lot # /2 Quadrant # Tax ID# Number of Bedrooms Proposed: 3 Lot Size: .900 sere Garage: Basement with Plumbing: **Public** ☐ Community Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional Type of system: ☐ Other Septic Tank: //000 gallons Pump Tank: _____gallons Size of tank: width of ditches 3 ft. Subsurface No. of exact length depth of No. of ditches 4 of each ditch 88 ft. ditches 27-7/8in. Drainage Field French Drain Required: Linear feet Signed: Mashant @68.
Environmental Health Specialist This permit is subject to revocation if site FIFICI plans or intended use change. HOME りり上 STREET

04-5-10864

HARNETT CO NTY DEPARTMENT OF PUB 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 # 2/3 88
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 Telephone #
BANAH HOMES INC 919-427-7524 Name Telephone # Address Name N.C. 27501
Property Location SR# Road Name
Property Location SR# Road Name
Berrett Places 12 3 - 3 Subdivision Lot # Bedrooms Proposed Lot Size
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:Ft.
Septic Tank gal Pump Chamber gal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field 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
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.
5 700 1 18 18
Signature of Authorized A gent for How the Signature of Authorized A
Signature of Authorized Agent for Harnett County Date