## HTE 04.5-10948

## IMPROVEMENT PERMI

21390

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) Moss Homebiuldens + Mealty INC

Property Location: SR# 1403 (okesbory | Repairs | Repairs | Nitrification Nitrification Line Subdivision Cohesbury Pank Lot # \_ / 7 \_\_\_\_\_ Quadrant # \_\_\_\_\_ Tax ID # Lot Size: 1.03 Number of Bedrooms Proposed: 3 Basement with Plumbing: Garage: 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. **Z** Conventional Other Type of system: Pump Tank: \_\_\_\_ gallons Size of tank: Septic Tank: 1000 gallons Subsurface No. of exact length width of depth of Drainage Field ditches 3 of each ditch 80 ft. ditches 3 ft. ditches 24-718n. French Drain Required:\_\_\_\_ Linear feet Signed: Markant
Environmental Health Specialist This permit is subject to revocation if site plans or intended use change. DONZU DRAINAGE

## HARNETT C NTY DEPARTMENT OF PUI 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 # 21390. This authorization shall be valid for a posied not to a posied not to a second not a second not to a second not
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.
Moss Homebulders + Realty two 910-893-4875 Name Telephone #
P.O. BOX 577 LEllergton N.C. 27546
Address
Property Location SR#  CoResbury  Road Name
Road Name
Cokosbuy Park 17 3 1.03 Subdivision Lot # Bedrooms Proposed Lot Size
1 200 5126
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 <u>Z4→18</u> 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.
Signature of Authorized Agent for Harnett County  Date
Signature of Authorized Agent for Harnett County  Date