HAR TOUNTY HEALTH DEPARTM

HTE 04-5-109842

IN PROVEMENT PERMIT

21287

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) David Wayne Mihand New Installation Septic Tank Property Location: SR# 1440 James Augus Nitrification Line Subdivision King Creek ___ Lot # _27 _____Quadrant # ______ Tax ID# Number of Bedrooms Proposed: Lot Size: 1.774 Basement with Plumbing: Garage: Public Water Supply: ☐ Well ☐ Community Distance From Well: 50 ~ ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional Other Type of system: Septic Tank: 1000 gallons Size of tank: Pump Tank: gallons Subsurface exact length No. of width of depth of of each ditch /00 ft. Drainage Field ditches ditches 18-36 in. ditches 3 French Drain Required:_____ Linear feet 2005 Date: This permit is subject to revocation if site Signed: / plans or intended use change. Environmental Health Specialist * Mintain all setbacks * Lunditches on contour 406 * Not To scale 148' Road

HARNETT (INTY DEPARTMENT OF PUE CHEALTH AUTHORIZATION TO CONSTRUCT

Harnett County Department of Public Health, Improvement Permit # 21267. 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.
David Dayre Mchanb 9198943842 Name Telephone #
3469 NC 242 South Benson, NC. 27504 Address
Property Location SR# Tank Acri. S Road Name
Kini Creek 27 4 1.77 Ac 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: 50 Ft.
Septic Tank gal Pump Chamber gal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field Length of lines foo 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.
Signature of Authorized Agent for Harnett County