HARN Γ COUNTY HEALTH DEPARTM

HTE 04-5-10985

IMPROVEMENT PERMIT

21386

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) SIADE + Ange IA LONG

Property Location: SR# 1435 TREPP RD

New Installation Septic Tank

Repairs

Nitrification Line Subdivision Plantation & VINEY and GREEN Lot # _ **5-2** Garage: Basement with Plumbing: **Z** 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. Other 25% Reduction System

gallons Pump Tank: gallons Conventional Type of system: Septic Tank: 1000 gallons Size of tank: 2 exact length 150 No. of width of Subsurface ditches 3 ft. ditches 3 of each ditch 100 ft. ditches 22 > 19 in. Drainage Field French Drain Required: _____ Linear feet Date: /2-27-04 Signed Environmental Health Specialist This permit is subject to revocation if site plans or intended use change. UD CEREULAN Drive Allowed! 40 DREVE 16.00E

HARNETT COUNTY DEPARTMENT OF PUPIC HEALTH AU DRIZATION TO CONSTE

Harnett County Department of Public Health, Improvement Permit # 21386. 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.
SIADE + Arcela LONG
SIADE + Argela Low6 Name 718 - 668 - 255 Telephone #
Address N.C. 27546
Property Location SR# Road Name
DI II - VINEYME
Subdivision Lot # Bedrooms Proposed Lot Size
Property Location SR# Property Location SR# Road Name Subdivision Lot # Bedrooms Proposed TYPE OF SYSTEM
[New Installation [] Repair [] Septic Tank [] Nitrification Lines
[] Conventional [] Other 25% Reduction System
[] 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 3 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.
Sames & Marhant ans
Signature of Authorized Agent for Harnett County Date