## HARNETT COUNTY HEALTH DEPARTMENT

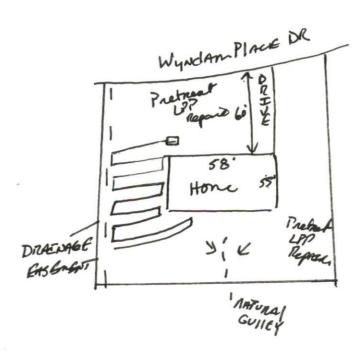
HTE 05-5-1118ZR

## IN.. ROVEMENT PERMI'.

21613

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." New Installation Septic Tank Name: (owner) DENMARK HOMES INC Property Location: SR# 1415 Rawls CH 1717 Repairs Nitrification Line Subdivision Wyndom Place \_\_\_\_ Lot # \_\_\_\_**7**/ \_\_\_\_ Quadrant # \_\_\_\_ Tax ID# Number of Bedrooms Proposed: 3 Lot Size: ,5-4 Basement with Plumbing: Garage: Public ☐ Well Water Supply: Community 501 Distance From Well: ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional Souther 25% Reduction System

Septic Tank: 1000 gallons Pump Tank: gallons Conventional Type of system: Size of tank: Subsurface No. of width of exact length depth of No. of exact length of each ditch of each ditch. ditches 3 ft. ditches30>24 in. Drainage Field French Drain Required: \_\_\_\_\_ Linear feet Signed Emmes Emmes Emvironmental Health Specialist This permit is subject to revocation if site plans or intended use change.



## HARNETT CONTY DEPARTMENT OF PUE CHEALTH AUMORIZATION TO CONSTRUCT

Harnett County Depart	tment of Public H valid for a period	ealth, Improvement Pont to exceed five (5)	ermit # This years from the date of issuance.
DENMARK 1	tomes INC	٤	919-557-4377 Telephone #
Name			Telephone #
Address			N.C. 27526
1415			Road Name
Property Location SR#			Road Name
Wyndon Pines	21	3	Lot Size
Subdivision	Lot#	# Bedrooms Proposed	Lot Size
	<u>T</u>	YPE OF SYSTEM	<u> </u>
[ New Installation [ ] Repair [   Septic Tank [   Nitrification Lines			
[] Conventional [] Other 25% Reduction Syst			
[ ] 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.			
Signature of Authorized Ag	(Ann An)	ena	2-8-65 Date
71			Date