HAR! T COUNTY HEALTH DEPARTM

HTE 65-5- 11769 IMPROVEMENT PERMI 21611

Be it ordained by the Harnett County Board of Health as follows: S tion of any building at which a septic tank system is to be used for disposal of	ection III, Item B. "No Per of sewage without first obta	rson shall begin construc- aining a written permit
Name: (owner) Michael J McDoward Property Location: SR# 401 N	New Installation Repairs	Septic Tank Nitrification Line
Subdivision Classic Cove	Lot #	2
Tax ID #	ve: . 576	
Basement with Plumbing: Garage: Water Supply: Well Public Community Distance From Well: ft.		
Following is the minimum specifications for sewage disposal systo final approval.	tem on above caption	ed property. Subject
Type of system:	Maritel	
Size of tank: Septic Tank: 1000 gallons Pump	Tank: 1000 gallons	
Subsurface No. of exact length of each ditch/60ft.		
French Drain Required:Linear feet Date:_	2-2-05	-
This permit is subject to revocation if site plans or intended use change. Signed	2-7-05 Environmental He	ealth Specialist
Golley 45 Homes Classic Cove CT	80' 3	* PUMP SECS 239PMONL" *MANITER SPECS 12 PRESSURE HER 2" SCHHO PIPE 3 "3"SCH 40 VALVE

05-5-11209

HARNETT CONTY DEPARTMENT OF PUBLIC HEALTH AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the sp. Harnett County Department of Public Health, Improvement Permit #_authorization shall be valid for a period not to exceed five (5) years from This authorization will be invalid if ownership, site plans, or intended	. This the date of issuance		
Michael J McDONAID Name 157 Classoc Cove CT F.V. N.C. ZT Address	919- 753- 7324 Telephone #		
157 Classec Cove et F.V. N.C. Z-	15-26		
Property Location SR#	0/		
Road I			
Classic Cove Z Subdivision Lot # Bedrooms Proposed	, 576 Lot Size		
TYPE OF SYSTEM	* **		
[] New Installation [] Repair [] Septic Tank [] Nitrification Lines			
[] Conventional [Tother Pup to Manster			
[] Basement [] With Plumbing [] Without Plumbing			
Water Supply: [] Well [Public Water Supply Minimum Well Setback: Ft.			
Septic Tank gal Pump Chamber 1000	gal		
NITRIFICATION FIELD SPECIFICATIONS			
Number of fields # of lines per field Length of lines Ft.			
Width of ditches ft. Depth of ditches ft. Depth of ditches ft.			
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.			
James & Manhanton			
Signature of Authorized Agent for Harnett County	2-2-05		
y / Trainer County	Date		