HA ETT COUNTY HEALTH DEPARTMENT

HTE 05-5- 11277

IMPROVEMENT PERMIT

21615

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 Homebulkers + Rentes New Installation Septic Tank Property Location: SR#/403 Cohesbury RD Repairs Nitrification Line Cokesbury Pank __ Lot # _____19 Subdivision Tax ID # Quadrant # .3 . 41 Number of Bedrooms Proposed:_ Lot Size: Basement with Plumbing: Garage: 2 Water Supply: ☐ Well Public ☐ Community 50' Distance From Well: ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional Other | Type of system: Size of tank: Septic Tank: 100 o gallons Pump Tank: gallons Subsurface No. of exact length width of depth of 4 of each ditch 60 ft. Drainage Field ditches ditches ditches 30-18 in. French Drain Required: Linear feet 2-10-05 80 Date: This permit is subject to revocation if site Signed plans or intended use change. nvironmental Health Specialist Pontcorpin 10 11 Cokesbury Park LAWE

HARNET OUNTY DEPARTMENT OF I LIC HEALTH AUTHORIZATION TO CONSTRUCT

Harnett County Department of Public Health, Improvement Permit # 21615 . 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.
Moss Homebuildens + Newly 910.850. ZIII Name 7.8. Box 577 Lellangton N.C. 27546 Address
Property Location SR# Colvesting Road Name
Subdivision 19 3 . 41 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: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.
James EManhant aves
Signature of Authorized Agent for Harnett County Date