HAF TT COUNTY HEALTH DEPART! IT

HTE 05-5-11313

IIviPROVEMENT PERMIT

21632

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) Rob + Pamela DRANG New Installation Septic Tank Property Location: SR# N.C. 42 Repairs Nitrification Line ____ Lot # ____ Subdivision Quadrant # Tax ID # Number of Bedrooms Proposed: 4 Lot Size: 3.4 ncm Basement with Plumbing: Garage: Well Water Supply: Public ☐ Community Distance From Well: _____ /00 ' ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. NOther 25% Reduction System Conventional Type of system: Septic Tank: 1205 gallons Pump Tank: gallons Size of tank: width of Subsurface No. of exact length depth of exact length of each ditch 80 ft. ditches 5 ditches 3 ft. Drainage Field ditches 20 >18 in. French Drain Required: _____Linear feet Date: _____ Z-25-05 This permit is subject to revocation if site Signed: Environmental Health Specialist plans or intended use change, 81 HOME DRIVE 729

Date

HAR....T COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 21632 . 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.
120b + Pamela Drant 919-567-2399 Name Telephone# Address N.C. 27540
9307 N.C. 42 Holly Sprigs N.C. 27540
Property Location SR# N.C. YZ Road Name
Subdivision Lot # Bedrooms Proposed Lot Size
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: 100 Ft.
Septic Tank 1700 gd Pump Chamber god
NITIRFICATION FIELD SPECIFICATIONS
Number of fields 2 # of lines per field 5 Length of lines 80 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 of Harnett Details Details T-25-05
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