## HTE 05-5-11330R

## HAR TT COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT

21703

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) A. L. C Name: (owner) A. L. Choro: un New Installation

Property Location: SR# 1443 hofyette for Repairs New Installation Septic Tank 3 Nitrification Line Subdivision V: Lar. at Ur Lot # 57 Quadrant # Tax ID # Number of Bedrooms Proposed: Garage: Basement with Plumbing: Public ☐ Community Water Supply: ☐ Well 50 men ft. Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. MOther 25 To Reduction System Conventional Type of system: Septic Tank: 1000 gallons Pump Tank: gallons Size of tank: Subsurface No. of exact length width of depth of of each ditch 60 ft. ditches 18-20 in. Drainage Field ditches ditches J ft. French Drain Required: Linear feet Date: This permit is subject to revocation if site Signed: 1 plans or intended use change. Environmental Health Specialist \* Maintain all retbacks \* Loud the on contour \* D: they to be NO DEEPER then 20 rates 276

## HARNETT COUNTY DEPARTMENT OF PURISH HEALTH AU \_\_IORIZATION TO CONST\_\_\_CT

| Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 2\703 . 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. |
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| A. L. Charpin 918 639 3020  Name Telephone #   |
| Address Anjen N. ( 2750)   |
| Property Location SR#  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:Ft.  |
| Septic Tank gal Pump Chamber gal   |
| NITRIFICATION FIELD SPECIFICATIONS   |
| Number of fields # of lines per field Length of lines 60 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.   |
| Due Min N. 2 libros  |
| Signature of Authorized Agent for Harnett County  Date   |