## HAR T COUNTY HEALTH DEPARTM

## HTE 05-5-1145Z INPROVEMENT PERMIT 21856

|  | Health as follows: Section III, Item B. "No Person shall begin constructe used for disposal of sewage without first obtaining a written permit |
|--|--|
|  | Hers New Installation Septic Tank  |
| Property Location: SR# 1935 Tresp 70   | ☐ Repairs Nitrification Line   |
| Subdivision Plantation at Versyand Succession  | Lot #  |
| Tax ID #/  | Quadrant #<br>Lot Size:  |
|  |  |
| Basement with Plumbing:  |  |
| Water Supply:  | Community  |
| Distance From Well: 56' ft.  |  |
| to final approval.   | wage disposal system on above captioned property. Subject  |
| Type of system:  | Other 15% Reduction System   |
| Size of tank: Septic Tank: 1000 gal  | lons Pump Tank:gallons   |
| Subsurface No. of exact length of each ditches / | width of depth of h 300 ft. ditches 3 ft. ditches 28 > 18 in.  |
| French Drain Required:Linear   |  |
| This permit is subject to revocation if site plans or intended use change.   | Signed: Mayhan Servironmental Health Specialist  |
| Contractor to MEET ON S.   | ITE.   |
| Pump May BE Required.  |  |
| Layout may   |  |
| Change once  |  |
| Thees are closed   |  |
|  | 71'  |
| Lant Par   | LA MAME  |
| E \  | H8, HOWE 48, 12,   |
| C 5 221, 7   | 71   |
| 5  | DA   |
| 2  | I 35 LPP Repart  |

SUPREME DITUE

## HARNETT COUNTY HEALTH DEPARTMENT AT HORIZATION TO CONSTI

| Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 2/856. This   |  |
|--|--|
| This authorization will be invalid if ownership, site plans, or intended use change  |  |
| Name Name HAMELTON Buildows 853-8477   |  |
| Name  Name  186 F PEN 4 ST Weldows  Address  N.C. 27546  |  |
| Property Location SR#  Tripo   |  |
| Plantafur Vergensel 41 3 . 45 Subdivision Lot # # Bedrooms Proposed Lot Size   |  |
|  |  |
| TYPE OF SYSTEM   |  |
| [ ] New Installation [ ] Repair [ ] Septic Tank [ ] Nitrification Lines  |  |
| [] Conventional [] Other 75% Reduction   |  |
| [ ] Basement [ ] With Plumbing [ ] Without Plumbing  |  |
| Water Supply: [ ] Well [ Public Water Supply Minimum Well Setback:Ft.  |  |
| Septic Tank 1000 gd Pump Chamber gd  |  |
| NITIRFICATION FIELD SPECIFICATIONS   |  |
| Number of fields # of lines per field / Length of lines 3 . E.   |  |
| Width of ditches 3 ft. Depth of ditches 28-7 (8 inches   |  |
| French Drain: Linear feet required Depth of gravel   |  |
| No average and an advantage and a second and a  |  |
| 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. |  |
| Stepatyre of Authorized Agent for Harnett County of Harnett  Date  |  |