HARNETI DUNTY HEALTH DEPARTMENT

HTE 05-5-11477R

IMPROVEMENT PERMIT

21967

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) Thouse care Construction New Installation Septic Tank Property Location: SR#_//24 Runbowt Rd.

Repairs Nitrification Line Subdivision Desterfield forms Lot # _/4 ____ Quadrant # ____ Tax ID # 3 Lot Size: . Sta Number of Bedrooms Proposed: Basement with Plumbing: Garage: Public ☐ Well Water Supply: ☐ Community 50 ft. Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. DOther 2 Ft Charles Conventional Type of system: Size of tank: Septic Tank: 1000 gallons Pump Tank: gallons No. of 354 Subsurface exact length width of depth of of each ditch /00 ft. ditches 18 in. Drainage Field ditches 2 ft. French Drain Required: Linear feet Date: This permit is subject to revocation if site Signed: / plans or intended use change. Environmental Health Specialist * Maintain all set booker + Runditches on contour * D: tches to be NO DEERER thon 18: nels *System has been flagged out 242 130 31 Rd.

HARNETT CC NTY DEPARTMENT OF PUF CHEALTH AUTIORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by	
riament County Department of Public Health, Improvement Permit # \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
addition shall be valid for a period flot to exceed five (5) years from the data of issues	
This authorization will be invalid if ownership, site plans, or intended use change.	
Thousage Construction	0.4
Name	864-0900
	Telephone #
Address Address N. C. 28303	
Address	
1/24	
Property Location SR#	Road Name
7/5/5	
Derforfield From 14 3 Subdivision Lot# # Bedrooms Propose	. SAc ed Lot Size
Subdivision Lot # # Bedrooms Propose	ed Lot Size
TYPE OF SYSTE	<u>M</u>
[New Installation [] Repair [Septic Tank	Nitrification Lines
[] Conventional [] Other 2Ft Chube	
[] Basement [] With Plumbing [] Without Plumbing	
Water Supply: [] Well [Public Water Supply Minimum Well Setback: Ft.	
Septic Tank gal Pump Chamber gal	
NITRIFICATION FIELD SPECIFICATIONS	
1.	
Number of fields # of lines per field#	Length of lines/00 Ft.
Grant Control of the	
Width of ditches	
French Drain: Linear feet required Depth of gravel	
Deput of grav	
No westernet and a 1111	
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.	
or the improvement remit and that a valid Operations Permit has been issued.	
0 1	, ,
16 N. 4. PC	./ /
Stonature of Authorized Aport for IV	4/28/2005
Signature of Authorized Agent for Harnett County	Date