## HAR! T COUNTY HEALTH DEPARTM

HTE 05-50011499

## **IMPROVEMENT PERMIT**

21937

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) LAN Dev. Dev. Dev Installation Septic Tank Repairs Nitrification Line \_\_\_\_ Lot # \_ **G** 9 Subdivision 1200 shipe Quadrant # Tax ID # Number of Bedrooms Proposed: 3(57 x 39) Lot Size: .345 Basement with Plumbing: Garage: Meet onste ☐ Community Water Supply: ☐ Well Public ft. 50 Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Dother Pump To 25% Reduction system Conventional Type of system: Septic Tank: Dos gallons Pump Tank: 1000 gallons Size of tank: width of ditches 3 ft. Subsurface No. of exact length ditches 18-24 in. of each ditch 150 ft. Drainage Field ditches Linear feet of 25% Redution System French Drain Required:\_\_\_\_\_ Date: 03-15.05 Signed: Ja Walls Specialist Environmental Health Specialist This permit is subject to revocation if site plans or intended use change. Silver Daks DR.VE 25 2 DRIVE 3BR 57x39 Deck 26 30. 120. Meet onsite STUB Plumbing out shallow Maintain All Set Backs

## AT THORIZATION TO CON! RUCT

|   | Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 21937. This authorization shall be valid for a period not to exceed five (5).   |
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|   | 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.  |
|   | Caunin Land  |
|   | Name Telephone #   |
|   |  |
|   | Address  |
|   |  |
|   | Property Location SR# Road Name  |
|   | Subdivision  Lot # Bedrooms Proposed  Road Name  Road Name  Road Name  Lot Size  |
|   | Subdivision Lot # Bedrooms Proposed Lot Size   |
|   | TYPE OF SYSTEM   |
|   |  |
|   | New Installation [ ] Repair Septic Tank Nitrification Lines  |
|   | New Installation [] Repair Septic Tank Nitrification Lines  [] Conventional St Other Lung to 25% Reduction System  |
|   | [ ] Basement [ ] With Plumbing [ ] Without Plumbing  |
|   | Water Supply: [ ] Well Public Water Supply Minimum Well Setback: 50 Ft.  |
|   | Septic Tank  |
|   | NITRIFICATION FIELD SPECIFICATIONS   |
|   |  |
|   | Number of fields # of lines per field Length of lines Ft.  |
|   | Width of ditches ft. Depth of ditches inches ft. Depth of gravel   |
|   | French Drain: Linear feet required Depth of gravel_  |
|   | Depth of graver  |
| - |  |
|   | 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 gustern lead in the country Health Department has determined that the gustern lead in the country Health Department has determined that the gustern lead in the country Health Department has determined that the gustern lead in the country Health Department has determined that the gustern lead in the country Health Department has determined that the gustern lead in the country Health Department has determined that the gustern lead in the country Health Department has determined that the gustern lead in the country Health Department has determined that the gustern lead in the country Health Department has determined that the gustern lead in the country Health Department has determined that the gustern lead in the country Health Department has determined that the gustern lead in the country Health Department has determined that the gustern lead in the country Health Department has determined the country Health H |
|   | 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.   |
|   |  |
|   | Live West RS   |
|   | Signature of Authorized Agent for Harnett County   |
|   | HKI  |