## HAR T COUNTY HEALTH DEPARTM Γ

## HTE 05.50011676

## IN ROVEMENT PERMIT

21811

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) Kent Prenic \_\_\_\_\_\_New Installation Septic Tank Repairs Nitrification Line Subdivision CRESTUREW Lot # \_\_/Y5 \_\_\_\_\_ Quadrant # \_\_\_\_\_ Tax ID # Number of Bedrooms Proposed: 3 (36 x59) Lot Size: e 40 Ac Garage: 📈 Basement with Plumbing: ☐ Community ☐ Well Public Public Water Supply: Distance From Well: 50 ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional Other\_\_\_\_ Type of system: Septic Tank: Dog gallons Pump Tank: gallons Size of tank: exact length of each ditch 240 ft. width of ditches ft. Subsurface No. of Drainage Field ditches French Drain Required: Linear feet Date: 3-27-05 Signed: <u>Gre LAP</u>
Environmental Health Specialist This permit is subject to revocation if site plans or intended use change. 172 DR.VE 59 65 Mut onsite for Final & Lagort 65 Maintian All Jet Dach.

## AUTHORIZATION TO CONSTRUCT

authorization shall be valid for a period	ealth, Improvement Permit # 2\8\\ not to exceed five (5) years from the date of issuance.
V - \ ∩	nership, site plans, or intended use change.
Name	Telephone #
Address	
Property Location SR#	Road Name
CRETURE EX 145 Subdivision Lot#	3(76×59) Your Hedrooms Proposed Lot Size
New Installation [ ] Repair	YPE OF SYSTEM  Septic Tank  Nitrification Lines
Conventional [ ] Other	
[ ] Basement [ ] With Plumbing [ ]	
Water Supply: [ ] Well Public	Water Supply Minimum Well Setback:50Ft.
Septic Tank   1000 gal	Pump Chambergal
	ON FIELD SPECIFICATIONS
Number of fields# of lines	per field Length of lines 243
Width of ditches ft. Depth of ditches inches	
French Drain: Linear feet required	Depth of gravel
No wastewater system shall be served	
Harnett County Health Department has the conditions of the Improvement Perm	or placed into use by any person until an inspection by the determined that the system has been installed according to nit and that a valid Operations Permit has been issued.
Signature of Authorized Agent for Harnett Cou	3-23-05
	Date