HAF TT COUNTY HEALTH DEPART!

HTE 05.5-11932

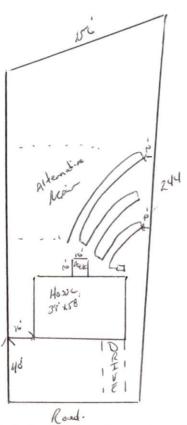
IIviPROVEMENT PERMIT

21968

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) Mass Home his lders New Installation Septic Tank Property Location: SR# 1403 Cokerbany Ld.

Repairs Nitrification Line Subdivision Cokesbury Park Lot # 25 Tax ID # Quadrant # Number of Bedrooms Proposed: 3 Lot Size: 624c Basement with Plumbing: Garage: Public ☐ Community Water Supply: ☐ Well Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional Other Type of system: Septic Tank: /000 gallons Pump Tank: gallons Size of tank: Subsurface No. of exact length width of depth of ditches /F-20 in. of each ditch 300 ft. Drainage Field ditches ditches Ift. French Drain Required:_____ Linear feet This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist

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HARNETT COUNTY DEPARTMENT OF PU IC HEALTH AU IORIZATION TO CONSTRUCT

Harnett County Department of Public Health, Improvement Permit # 2196 . 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.
Moss Hara di Ileas
Name Telephone #
Name Fro-2111 Telephone # Address Address
Property Location SR#
Koad Name
Cokes by Pak 25 3 62 Ac Subdivision Lot # # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
[] New Installation [] Repair [] Septic Tank [] Nitrification Lines
Conventional [] Other
[] 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 Ft.
Width of ditches ft. Depth of ditches inches
French Drain: Linear feet required Depth of gravel
No wastewater system shall be govered as also all its
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.
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Signature of Authorized Agent for Harnett County Date