HARNE COUNTY HEALTH DEPARTMEN

HTE 05-5- 1220317

IMPROVEMENT PERMIT

22046

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) TZW Conformation New Installation

Property Location: SR# 1452 Truelove RD Repairs New Installation Septic Tank Nitrification Line Subdivision Taylor Powt Lot # Z Tax ID #_____Quadrant #______Number of Bedrooms Proposed:______3 Lot Size:_______38^+ Basement with Plumbing: Garage: Public Water Supply: ☐ Well ☐ Community Distance From Well: 50' ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. TOther 25% Reduction System Conventional Type of system: Size of tank: Septic Tank: 1000 gallons Pump Tank: _____gallons Subsurface width of No. of exact length depth of ditches 24 in. ditches 4 of each ditch 60 ft. ditches 3 ft. Drainage Field French Drain Required: Linear feet Date: 6-27-05 This permit is subject to revocation if site plans or intended use change. Environmental Health Specialist 21) VELVERTON CT

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUT)RIZATION TO CONST! CT 05-5-17203.6

Harnett County Department of Public Health, Improvement Permit # 22046 authorization shall be valid for a period not to exceed five (5) years from the day of the day.
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.
Name 72 W Conporation Name 7.0. Box 292 Lellengton N.C. 27546
Property Location SR# Road Name
Taylor Point 7 Subdivision Lot # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
[New Installation [] Repair [Septic Tank [] Nitrification Lines
[] Conventional [Tother 25% Reduction System
[] 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 covered or placed into use by any person until an inspection by the Harnett County Health Department has determined that the system I
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.
Signature of Authorized A gent for the 115

Date