HTE 05-5-1234/

IMPROVEMENT PERMIT

21980

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) DTF Construction New Installation Septic Tank Property Location: SR# 1441 Chalaberte Rd ☐ Repairs Nitrification Line Subdivision ross Lin Lot # 55 Tax ID# Quadrant # _ Lot Size: .576 Ac Number of Bedrooms Proposed: Basement with Plumbing: Garage: Public Water Supply: ☐ Well ☐ Community Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Fother 25% leductions Type of system: Conventional Septic Tank: gallons Pump Tank: Size of tank: gallons Subsurface No. of exact length width of depth of of each ditch 60 ft. in MAY Drainage Field ditches 5 ditches 18 ditches 3 French Drain Required: Linear feet This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist *Maintain all setbacks + Ditch Derths (18 ach) + Rund: + ches on contour Hoge 10,00 380 200 186

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AU7 ORIZATION TO CONST. CT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 21960 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.
ownership, site plans, or intended use change.
DTF Construct: on 919 868 5810
Telephone #
Address Telephone # Telephone # Address
Property Location SR#
Road Name
Subdivision Lot # # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
,
[New Installation [] Repair [] Septic Tank [] Nitrification Lines
[] Conventional [] Other 25 % ledwit - 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 5 Length of lines 6 0 Ft.
Width of ditches ft. Depth of ditches inches
French Drain: Linear feet required Depth of gravel
Dopin 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 system lead in the county has determined that the system lead to the county have been specified in the county has determined that the system lead to the county have been specified in the county has determined that the system lead to the county have been specified in the county has determined that the county has determined the county has determined that the county has determined that the county has determined the county has determi
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.
and that a valid Operations Permit has been issued.
Signature of Authorized And S. V.
Signature of Authorized Agent for Harnett County

Date