## HAI TT COUNTY HEALTH DEPART TINT

HTE 05-5-12405

## I...PROVEMENT PERM...

21976

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) MJW General Courtruction New Installation Septic Tank Property Location: SR# 1795 Forground Rd. Repairs Nitrification Line \_\_\_\_ Lot # \_ 3 Subdivision Leigh Lowrel Quadrant # \_\_\_\_ Tax ID # Number of Bedrooms Proposed: 3 Lot Size: 1.5 JAc Basement with Plumbing: Garage: Public Water Supply: ☐ Well ☐ Community Distance From Well: \_\_\_\_ ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional Type of system: Other Septic Tank: 1000 gallons Pump Tank: gallons Size of tank: Subsurface No. of exact length width of depth of ditches 3 of each ditch 80 ft. Drainage Field ditches 3 ditches /8 in. MAK French Drain Required: Linear feet 6/24/2005 Date: This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist \* Maintain all set backs \* Rund: tches on contour \* layout of system may differ from drawing if so Run lines on contour 170 + NO DEEPER than 18 inches 348 House 3Br 120 X73' 1 . \* Not to scale DRIV 126

Road

## HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUTTORIZATION 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 # 2176. T   | 7   |
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| This authorization will be invalid if ownership, site plans, or intended use change  | nis |
| MJW General Contractors  Name  919 669 3150  Telephone #   |     |
| Name Telephone Telephone   |     |
| P.O. Box 2298 Donn, NC 28305<br>Address  |     |
| 1795   |     |
| Property Location SR#  Forground  Road Name  |     |
| Road Name  | 3.  |
| Leigh Lowel 3  |     |
| Leigh Lowel 3 3 1.574c 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 &O Ft.   |     |
| Width of ditches ft. Depth of ditches inches MAY   |     |
| 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 of the county Health Department has determined that the system of the county Health Department has determined that the system of the county Health Department has determined that the system of the county Health Department has determined that the system of the county Health Department has determined that the system of the county Health Department has determined that the system of the county Health Department has determined that the system of the county Health Department has determined that the system of the county Health Department has determined that the system of the county Health Department has determined that the system of the county Health Department has determined that the system of the county Health Department has determined that the system of the county Health Department has determined that the system of the county Health Department has determined that the system of the county Health Department has determined that the county Health Department has determined the county Health Departme |     |
| 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.   | Ш   |
|  |     |
|  |     |
| Duya Mc Sin ( )  |     |
| Signature of Authorized Agent for Harnett County   |     |

Date