HAR T COUNTY HEALTH DEPARTM T

HTE 05-5-12432

IMPROVEMENT PERMIT

22164

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) CARRIE McGloth/IN New Installation Septic Tank Property Location: SR# 1403 Cokesbury Rd Repairs Nitrification Line ____ Lot # ___ **9** Subdivision Handie Quadrant # Tax ID # Number of Bedrooms Proposed: 5 Lot Size: 7. 23 Garage: Basement with Plumbing: Public ☐ Well Community Water Supply: Distance From Well: _____ ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. TOther 25% Reduction Syste Conventional Type of system: Size of tank: Pump Tank: _____gallons Septic Tank: 1200 gallons Subsurface No. of width of exact length depth of ditches 5 of each ditch 160 ft. ditches 3 ft. ditches 207/8 in. Drainage Field French Drain Required: _____ Linear feet 7-21-05 Date: This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist 32 Home HARDLE LANG

HARNETT C INTY DEPARTMENT OF PU IC HEALTH AU ORIZATION TO CONSTRUCT

Harnett County Department of Public Health, Improvement Permit # 22/64. 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.
Name Radie Mc Glothfan Name 719-665-7026 Telephone # Address Address
Property Location SR# Road Name
Handis 9 5 7-23 Subdivision Lot # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
[New Installation [] Repair [Septic Tank [] Nitrification Lines
[] Conventional [] Other 25% Roduction 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 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 has been installed according to the conditions of the Improvement Permit and that a valid Operations Permit has been issued.
Signature of Authorized Agent for Harnett County Date