## HA ETT COUNTY HEALTH DEPART NT

HTE 05-500 13118

## **IMPROVEMENT PERMIT**

21770

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."

from the Harnett County Health Department."	
Name: (owner) 5+zphines Home Builders Property Location: SR# Timbuline Drive	New Installation Septic Tank
	16.
Subdivision The Summit II	Lot # _ <b>54</b>
Tax ID #	Quadrant #
Number of Bedrooms Proposed: 3BR (365) Lot Size	e: ,47A
Basement with Plumbing: Garage:	
Water Supply: ☐ Well	
Distance From Well: 50 ft.	
Following is the minimum specifications for sewage disposal syst to final approval.	tem on above captioned property. Subject
Type of system:	
Size of tank: Septic Tank: 1000 gallons Pump T	Cank:gallons
Subsurface No. of exact length of each ditch of each ditch ft.	width of ditches 3 ft. depth of ditches 18-24 in.
French Drain Required: Linear feet	
Date:_	10/28/05
This permit is subject to revocation if site Signed:	Hate C:
plans or intended use change.	Environmental Health Specialist NT5
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236'	' \
Drive	\
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## HARNETI COUNTY DEPARTMENT OF I LIC HEALTH AUTHORIZATION TO CONSTRUCT

Harnett County Department of Public Health, Improvement Permit # 2/170. 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.	
Stephensu Home Builders  Name Timberline Drive  Address	
Name Telephone #	
timberline Drive	
Address	
Timbelline Drive	
Property Location SR# Road Name	
Property Location SR#  Summit #2  Subdivision  Timberline Drive  Road Name  8 3BR (3cogpo) .47A  H Bedrooms Proposed  Lot Size	
TYPE OF SYSTEM	
New Installation Repair [ Septic Tank   Witrification Lines	
Conventional [ ] Other	
[ ] Basement [ ] With Plumbing [ ] Without Plumbing	
Water Supply: [ ] Well [ >] Public Water Supply Minimum Well Setback:Ft.	
Septic Tank	
NITRIFICATION FIELD SPECIFICATIONS	
Number of fields # of lines per field Length of lines Ft.	
Width of ditches ft. Depth of ditches fr. 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.	
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Signature of Authorized Agent for Harnett County  Date	