HTE# 06-500 | 4851

IMPROVEMENT PERMIT 23007

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) Kent Quace New Installation Septic Tank Repair
Property Location: SR# 100 Nitrification Line Expansion I Lot # 112
Tax ID# Number of Bedrooms Proposed: 3(48x54) 363gpd Lot Size: 35AC
Basement with Plumbing: Garage: Garage:
Water Supply:
Type of system: STUTEM Other 25%. Nederlin STUTEM
Size of tank: Septic Tank: gallons Pump Tank: gallons
Subsurface No. of Drainage Field ditches ft. of each ditch 170 ft. ditches 3 ft. ditches 1824 in.
French Drain Required:Linear feet \\ \frac{125% \ted-ct}{Date: 05-\left(8-0)6}
This permit is subject to revocation if site plans or intended use change. PERMIT EXPIRES 5 YEARS FROM ABOVE DATE
Must on it for Final Lag-of Signed: Signed: Environmental Health Specialist
Signed: Environmental Health Specialist
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HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by
Harnett County Department of Public Health, Improvement Permit # 23007 . This authorization shall be valid for a period not to award for (5)
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.
/ -
Kent Prence
Name Telephone #
Address
Nos
Property Location SR# Road Name
York Jh. the Plantation 112 24/159) Jlogod 35m Subdivision Lot # # Bedrooms Proposed Lot Size
Subdivision Lot # # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
New Installation [] Repair Septic Tank Nitrification Lines
[] Conventional MOther 25% Rodadia JITEM
[] 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.
4 2 500 0 1 1 1
Width of ditches ft. Depth of ditches inches 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.
(m1) of R)
Signature of Authorized Agent for Harnett County Date