06-8-15083

## HARNETT COUNTY HEALTH DEPARTMENT

Nº 14343

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) Christoplex + DONNA BAN New Installation Septic Tank Property Location: SR# 1827 SKREET RANGE ROAD \ Repairs Nitrification Line Lot #\_\_\_ Subdivision Toseph D Roberts Quadrant # Tax ID #\_\_ Number of Bedrooms Proposed: 3BM 3606PD Lot Size: Basement with Plumbing: Garage: Public ☐ Community Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional Other 25% Reduction System Type of system: Septic Tank: 1000 gallons Pump Tank: \_\_\_\_\_ gallons Size of tank: exact length width of depth of of each ditch 80 ft. ditches 3 ft. ditches 26 in. Subsurface Drainage Field ditches . French Drain Required: Linear feet This permit is subject to revocation if site plans or intended use change. 58 25' 43 0 161

SKEET RANGE RD

SR 1827

#06-5-15055

## HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUTHORIZATION TO CONSTRUCT

Harnett County Department of Public Health, Improvement Permit #	
Christophen + Down B611	919-639-7813 Telephone #
P.O. BOX 754 Conts N.C. 275	2/
Property Location SR#	Road Name
TD /Z / \$300-\$10600   Subdivision Lot # # Bedrooms Proposed	-S/ Lot Size
TYPE OF SYSTEM	
[ New Installation [ ] Repair [ ] Septic Tank [ ] Nit	trification Lines
[] Conventional [] Other _ 75 % Roduction 375ther	
[ ] Basement [ ] With Plumbing [ ] Without Plumbing	
Water Supply: [ ] Well [   Public Water Supply Minimum Well Setback:Ft.	
Septic Tank gal Pump Chamber	<b>g</b> al
NITRIFICATION FIELD SPECIFICATIONS	
Number of fields # of lines per field Leng	th 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.	
James & Marhant ena	177-01
Signature of Authorized Agent for Harnett County	6-22-06 Date