HTE# 26-5-15293

IMPROVEMENT PERMIT 23106

construction of any building at which a permit from the Harnett County Health	septic tank system is to be Department."	used for disposal of sewage	e without first obtaining a written
Name: (owner) ATLANTIC (CUSTOM Builders	New Installation 🗹 S	eptic Tank 🛮 Repair 🗖
Property Location: SR# 1403 C	okesbury	Nitrification Line	☑ Expansion □
Subdivision Cokesbury PA	rh		Lot #8
Subdivision Cokesbury PA Tax ID# Number of Bedrooms Proposed:		Quadra	ant #
		Lot Size:	.41
Basement with Plumbing: Ga	and the second second		
Water Supply: Well I	Public	nity	
Distance From Well:	ft.		
Following is the minimum specific	ications for sewage dis	sposal system on above	captioned property.
Subject to final approval.			
Type of system: Convention	al U Other		
Size of tank: Septic Tank:	gallons Pump	Tank: gal	lons
Subsurface No. of Drainage Field ditches 3	exact length _ft. of each ditch _ &	width of ft. ditches3	depth offt. ditches24"_in.
French Drain Required:	Linea seet		
		Date: 2-/	14-06
This permit is subject to revocati	ion if site		YEARS FROM ABOVE DATE
plans or intended use change.			1 1 15 15
	6	Signed: amo	25 EMANHANT OR
	11 50	Environi	nental Health Specialist
		di di	di di z.
	Traporte 11		M Deck (a)
	COKESBURY PARK	LN	

06-5-15293

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the sp. Harnett County Department of Public Health, Improvement Permit #authorization shall be valid for a period not to exceed five (5) years from This authorization will be invalid if ownership, site plans, or intended	23106 This the date of issuance			
ATLANTIC CUSTOM Builders Name 812 Whete MEADONS DR F.V. N.C.	27526			
1403 Property Location SR# Road	esbony Name			
Colosbory Park 18 3BN-366PD Subdivision Lot# # Bedrooms Proposed	/			
TYPE OF SYSTEM				
[New Installation [] Repair [Septic Tank [] Nitrificat	ion Lines			
[] Conventional [] Other				
[] Basement [] With Plumbing [] Without Plumbing				
Water Supply: [] Well [] Public Water Supply Minimum Well So	etback:Ft.			
Septic Tank gal Pump Chamber	gal			
NITRIFICATION FIELD SPECIFICATIONS				
Number of fields # of lines per field 3 Length of li	nes <u>60</u> 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 that the System has been conditions of the Improvement Permit and that a valid Operations Permit and P	en installed according to			
Signature of Authorized Agent for Harnett County	7-14-06 Date			
- / /	Date			