HTE#OG-5-1548OR

IMPROVEMENT PERMIT 22585

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) Knac Custon Hones, Frc. New Installation & Septic Tank & Repair
Property Location: SR# 1437 Ballard Rd. Subdivision Line Expansion Lot # 19 Tax ID# Ouadrant #
Tax ID# Quadrant # Number of Bedrooms Proposed: 3 (360 god) Lot Size: Ac
Basement with Plumbing: Garage:
Water Supply: Well Public Community Distance From Well: ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval
Type of system: Conventional Other 25% Reduction System
Size of tank: Septic Tank: gallons Pump Tank: gallons
Subsurface No. of exact length width of depth of Drainage Field ditches / st. of each ditch 300 ft. ditches 3 ft. ditches 20 in
French Drain Required:Linear feet Date: \[\frac{1}{2006} \]
This permit is subject to revocation if site PERMIT EXPIRÉS 5 YEARS FROM ABOVE DATE
plans or intended use change. Signed / Super / Signed /
*Maistain all Environmental Health Specialist
*Maintain all Set backs **Tystem layedout or contour **Ditches to be NO DEEPER Then 20: rds 213 **Tystem layedout Then 20: rds **Tystem layedout Then 20: rds **Tystem layedout The contour The contour
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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 #
KMAC Custon Honer Inc. Name Telephone #
3408 Autono Mist PL Fugury Varine, N. (. 27526
Property Location SR# Balland Road Name
Liverstone 19 3 (360 god) (5Ac Subdivision Lot # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
New Installation [] Repair [Septic Tank [Nitrification Lines
[] Conventional [] Other 25% Reduction 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 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.
Sup R. Lin /2006.
ignature of Authorized Agent for Harnett County Date