#07-5-4175

HARNE

## COUNTY HEALTH DEPARTMENT

No 19154

## IMPROVEMENT PERMIT

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) GAVIN + CRYSTAI MANTEN New Installation Septic Tank Property Location: SR# 1450 Boll Repairs Nitrification Line Subdivision Hodlen Valley \_\_\_\_\_ Lot #\_\_\_6 Quadrant # Tax ID #\_\_\_\_ Basement with Plumbing: Garage: Water Supply: ☐ Well Public Community Distance From Well: \_\_\_\_\_\_\_ Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional Type of system: Other \_\_\_\_ Size of tank: Pump Tank: \_\_\_\_\_ gallons Septic Tank: 1000 gallons Subsurface No. of exact length width of depth of exact length width of depth of of each ditch 170 ft. ditches 3 ft. ditches in. Drainage Field ditches Z French Drain Required: \_\_\_\_\_ Linear feet This permit is subject to revocation if site plans or intended use change. Environmental Health Specialist Home Had to be MOVED FORWARD . \* Contractor to meet Priore to Installation \* Layout MAY Change.

SRI450 BALLRd

## RNETT COUNTY HEALTH DEPARTN AU I HORIZATION TO CONSTRUCT

Authorization is hereby given to construct a Harnett County Health Department, Improv	vement Permit #	19154	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.				
			777 / 4077	
Name Caystal Mantin		Telephone #	3 1-605 1	
100 Z Rollens Mell RD Holly Sp.	So No.C	77540		
Property Location SR#		BAN		
Property Location SR#	¥	Road Name		
Hidden Valley Subdivision Lo	e	3	1.12	
Subdivision / Lo	t# # Be	drooms Proposed	Lot size	
TYPE OF SYSTEM				
New Installation [ ] Repair [   Septic Tank [   Nitrification Lines				
[   Conventional Other				
[ ] Basement [ ] With Plumbing [ ] Without Plumbing				
Water Supply: [ ] Well [   Public - Minimum Well Setback:Ft.				
NITRIFICATION FIELD SPECIFICATIONS				
Number of fields 2 # of lines per field 2 Length of lines 170 Ft.				
Width of ditches ft. Depth of ditches /8 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.				
Signature of Authorized Agent for Harnett County	4	1-2-0 Z Date		