HARN COUNTY HEALTH DEPARTME

HTE 03-5-7668

IMPROVEMENT PERMIT

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin construc-

21047

tion 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." New Installation A Septic Tank Name: (owner) HAMILTON, Property Location: SR# 1291 Repairs Nitrification Line LEES PLACE Subdivision ____ Lot # _ 7 Tax ID# Ouadrant # 3 Lot Size: 1.582 AC Number of Bedrooms Proposed: Basement with Plumbing: Garage: Water Supply: ☐ Well Public ☐ Community Distance From Well: 150 ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. DOTHER PUMP TO 25% REDUCTION SYSTEM Type of system: Conventional Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons Subsurface No. of exact length width of depth of Drainage Field ditches of each ditch 100 ft. ditches 3 ft. ditches 18 in. French Drain Required: Linear feet This permit is subject to revocation if site RS COLIVER TOLKSOORF Signed: plans or intended use change. Environmental Health Specialist * MAINTAIN ALL SETBACKS DRAMINE + CALL WITH ANY QUESTIONS 20' PRIOR TO INSTALLATION DRAINAGE EASEMENT

HARN COUNTY HEALTH DEPART....NT AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 2047. This authorization shall be valid for a period not to exceed five (5) years from the date of issuance.
VEQUE HAMILTON Name 910-890-1263
Address Telephone#
_ 1291 LEES PLACE DO
SHED TLME
Subdivision Lot # # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
New Installation [] Repair Septic Tank Nitrification Lines
[] Conventional Other Pure To 25% REDUCTION SYSTEM
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well Public Water Supply Minimum Well Setback: 100 Ft.
Septic Tank 1000 gd Pump Chamber 1000 gd
NITIRFICATION FIELD SPECIFICATIONS
Number of fields / " C"
Number of fields # of lines per field 3 Length of lines 100 Ft.
Width of ditches ft. Depth of ditches \(\mathbb{K} \) inches
French Drain: Linear feet required Depth of gravel
No wastewater system shall be covered or placed into
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 and the conditions of the Improvement Permit and that a valid Operations Permit and the conditions of the Improvement Permit and that a valid Operations Permit and the conditions of the Improvement Permit and that a valid Operations Permit and the conditions of the Improvement Permit and Improvement Permit and Improvement Permit Permi
the conditions of the Improvement Permit and that a valid Operations Permit has been issued.
M M TELL DECIT ISSUED.
so letter - the
Signature of Authorized Agent for Harnett County of Harnett
Date