HARN COUNTY HEALTH DEPARTME

No 19337

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) Homework's Custon Builders New Installation Septic Tank

Subdivision Plants tron AT VINEYAND GREEN Lot # 76 Quadrant # Tax ID #___ Number of Bedrooms Proposed: 3 Lot Size: . 48 Basement with Plumbing: Garage: Water Supply: ☐ Well Public ☐ Community 50 men 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 ____ Septic Tank: 1000 gallons Pump Tank: _____ gallons Size of tank: No. of ditches 2 exact length of each ditch 150 ft. width of depth of ditches 3 ft. ditches 150 ft. Subsurface Drainage Field French Drain Required: _____ Linear feet Signed Environmental Health Specialist This permit is subject to revocation if site plans or intended use change.

.48 ACRE

03-5-7772

HARNETT COUNTY HEALTH DEPART NT AU DRIZATION TO CONSTRUCT

by Harnett County Health Department, Improvement Permit #
Homeworks Coston Builders Name P.O. BOX 64849 Fayettevelle N.C. 28306 Address
P.O. BOX 64849 FAYEHEVELLE N.C. 28306
Property Location SR#
Plantaten at Verseyand Graze 76 Subdivision Lot # # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
[New Installation [] Repair [] Septic Tank [] Nitrification Lines
[] Conventional [] Other
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well [Public Water Supply Minimum Well Setback:Ft.
Septic Tank 1000 gd Pump Chamber god
NITIRFICATION FIELD SPECIFICATIONS
Number of fields 2 # of lines per field 2 Length of lines/50 Ft.
Width of ditches 3 ft. Depth of ditches 24->18 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.
that a valid Operations Permit has been issued.
Signature of Authorized Agent for Harnett County of Harnett
Date