

HTE 03-5-8188 ~~8188~~

HARNETT COUNTY HEALTH DEPARTMENT

# IMPROVEMENT PERMIT

21164

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) Custom Contracting  New Installation  Septic Tank  
Property Location: SR# 1201  Repairs  Nitrification Line

Subdivision Carolina Seasons Lot # D-2

Tax ID # \_\_\_\_\_ Quadrant # \_\_\_\_\_

Number of Bedrooms Proposed: 3 (~~5~~) 54x42 Lot Size: .39Ac.

Basement with Plumbing:  Garage:  House must be 3 BR. MAX

Water Supply:  Well  Public  Community

Distance From Well: 50 ft.

**Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.**

Type of system:  Conventional  Other Pump to Chamber SYSTEM

Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons

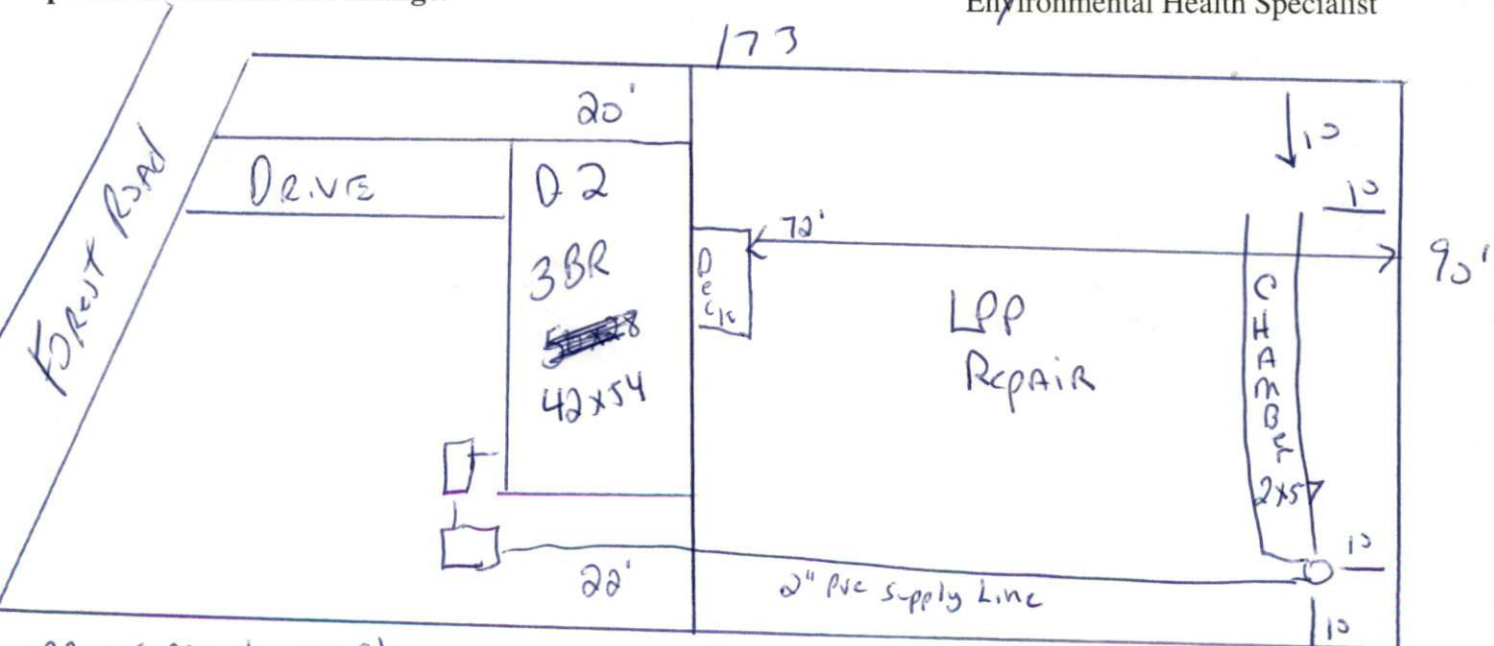
Subsurface Drainage Field No. of ditches 2 exact length of each ditch 57 ft. width of ditches 3 ft. depth of ditches 18-22 in.

French Drain Required: \_\_\_\_\_ Linear feet

Date: 12-18-03

**This permit is subject to revocation if site plans or intended use change.**

Signed: [Signature]  
Environmental Health Specialist



MUST meet onsite 201  
MUST set Tanks in front yard or side yard  
2" PVC supply line - 2x57 Chamber Home/Deck must be 70'  
from Rear Property Line for Repair Area Requirements  
Backfill To The Top & Sides with washed stone

HARNETT COUNTY HEALTH DEPARTMENT  
AUTORIZATION TO CONSTRU

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 21164. 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.

Custom Contract

Name \_\_\_\_\_ Telephone# \_\_\_\_\_

Address \_\_\_\_\_

1201

Property Location SR# \_\_\_\_\_ Road Name \_\_\_\_\_

Subdivision CAROLINA SEASONS Lot # D-2 # Bedrooms Proposed 3 (54x42) Lot Size .39 AC

**TYPE OF SYSTEM**

- New Installation    Repair    Septic Tank    Nitrification Lines  
 Conventional    Other Pump to Chamber SYSTEM  
 Basement    With Plumbing    Without Plumbing

Water Supply:  Well    Public Water Supply   Minimum Well Setback: \_\_\_\_\_ Ft.

Septic Tank 1000 gal   Pump Chamber 1000 gal

**NITIRFICATION FIELD SPECIFICATIONS**

Number of fields 1 # of lines per field 2 Length of lines 57 Ft.

Width of ditches 3 ft. Depth of ditches 18-22" 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.

J. Waters

Signature of Authorized Agent for Harnett County of Harnett

12-18-03

Date