HARN T COUNTY HEALTH DEPARTMI

HTE 03-5-8346

IMPROVEMENT PERMIT

21112

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) A+kins Place LLC New Installation Septic Tank Property Location: SR# A+Kins RJ Repairs Nitrification Line Subdivision A+K.as Place _____ Lot # ____ _____Quadrant # _____ Tax ID # Basement with Plumbing: Garage: Public Water Supply: ☐ Well ☐ Community ft. Distance From Well: 50 Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. D'Other 25 % Reduction System Conventional Type of system: Size of tank: Septic Tank: /000 gallons Pump Tank: gallons Subsurface No. of exact length width of depth of ditches 3 of each ditch 70 ft. Drainage Field ditches 3 ditches 18-24 in. French Drain Required: Linear feet This permit is subject to revocation if site plans or intended use change. Environmental Health Specialist A Maistin all retbucks * Rua ditches on contour 302

HARNL I COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 21 112. This authorization shall be valid for a period not to exceed five (5) was a first construct of the specifications described authorization shall be valid for a period not to exceed five (5) was a first construct of the specifications described authorization shall be valid for a period not to exceed five (5) was a first construct of the specifications described authorization shall be valid for a period not to exceed five (5) was a first construct of the specifications described authorization shall be valid for a period not to exceed five (5) was a first construct of the specifications described authorization shall be valid for a period not to exceed five (5) was a first construct of the specifications described authorization shall be valid for a period not to exceed five (5) was a first construct of the specific of the
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.
Atking Place LLC
Name 919 63 9 7 42 4 Ke + L Telephone#
Address Pook Court Anger, N. C. 27501
Property Location SR# Atk of Rd.
Atkins Place 6 3 Road Name Subdivision 1 Ac
Subdivision Lot # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
[-] New Installation [] Repair [-] Septic Tank [] Nitrification Lines
[] Conventional [JOther 25% Reduction System
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well [] Public Water Supply Minimum Well Setback:Ft.
Septic Tank / OO god Pump Chamber god
NITIRFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field 3 Length of lines 70 Ft.
Width of ditches ft. Depth of ditches inches
French Drain: Linear feet required Depth of gravel
No wastewater system shall be covered on the state of the
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 great placed in the system is a second of the system.
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.
Duya Milandis
Signature of Authorized Agent for Harnett County of Harnett Date Date