HARNI COUNTY HEALTH DEPARTME

IMPROVEMENT PERMIT

21030

HTE 03-5-8356

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

tion of any building at which a septic tank sys from the Harnett County Health Department.	tem is to be used f	for disposal of sewage without firs	t obtaining a wr	itten permit	
Name: (owner) ATKINS PLACE LLC		New Installar	tion Seption	Septic Tank	
Property Location: SR# 1448 ATKINS RO				Nitrification Line	
Subdivision ATIKINS PLACE		I	Lot # 13		
Tax ID # Number of Bedrooms Proposed:		Quadrant #			
Basement with Plumbing:	_	ge: 🗶			
Water Supply:	☐ Commu	nity			
Distance From Well: 100	ft.				
Following is the minimum specification to final approval.	ns for sewage d	isposal system on above cap	tioned proper	ty. Subject	
Type of system: X Conventional	Other_				
Size of tank: Septic Tank: 15	gallons	Pump Tank:gallo	ons		
Subsurface No. of example Drainage Field ditches 3 of example 2		width of ditches 3 ft.	depth of ditches 3	6-18 in.	
French Drain Required:	Linear feet				
•	1	Date: 1204			
This permit is subject to revocation if plans or intended use change.		Signed: Environmenta	RS (OLI	Alist	
* MAINTAIN ALL SETBACKS				PRAWING	
* START LINES AT 36" DEEP RUN TO 18". STEP DOWN TO 26".					
+ CALL WITH ANY QUESTIONS			——		
PRIOR TO INSTALLATION		2,		1-01	
		50' × 60'		129	
		0			
		DECK & GARAGE			
	PARTIAL	LUCLUDED	30'		
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HAR. TT COUNTY HEALTH DEPAR MENT AUTHORIZATION TO CONSTRUCT

by Harnett County Health Department, Improvement Permit # 21030 This				
This authorization will be invalid if ownership, site plans, or intended use change				
Name ATKINS PLACE LLC 919-639-7424 Telephone#				
Telephone#				
Address ANGIER NC 27501				
Property Location SR#				
Road Name				
HTKINS PLACE 13				
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: 100 Ft.				
Septic Tank 1000 gd Pump Chamber gd				
NITIRFICATION FIELD SPECIFICATIONS				
Number of fields # of lines per field 3 Length of lines 90 Ft.				
Width of ditches 36 ft. Depth of ditches 36 k 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 of the s				
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.				
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1/2/024				
Signature of Authorized Agent for Harnett County of Harnett				
Date				