HARN T COUNTY HEALTH DEPARTMY

HTE 03-5-8359

IMPROVEMENT PERMIT

21049

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." New Installation A Septic Tank Name: (owner) ATKINS PLACE LLC ATKINS RO Repairs Property Location: SR# 1448 Nitrification Line Subdivision ATKINS ____ Lot # _ \\ _____Quadrant # _____ Tax ID # 3 Lot Size: .35 ∞ Number of Bedrooms Proposed: Basement with Plumbing: Garage: X Water Supply: ☐ Well N Public Community Distance From Well: 100 ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. 1 Other 25% REDUCTION SYSTEM Type of system: Conventional Size of tank: Septic Tank: 1000 gallons Pump Tank: _____gallons Subsurface No. of exact length width of depth of of each ditch 105 ft. Drainage Field ditches ditches 3 ft. ditches 18 French Drain Required: Linear feet Date: This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist & MAINTAIN ALL SETBACKS 70 521448 * CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION D R 35 50 126 25% REDUCTION REPAIR

HARNI COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONSTRUCT

by Harnett County Health Department, Improvement Permit #
Name 919-427-7524
72 OVERLOOK CT ANCIER NC 27501 Telephone#
Property Location SR#
ATKINS PLACE IT
Subdivision Lot # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
New Installation [] Repair Septic Tank Nitrification Lines
[] Conventional MOther 15% REQUOTION SYSTEM
[] 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 1 Length of lines 105
Width of ditches ft. Depth of ditches 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.
Signature of Authorized Agent for Harnett County of Harnett
Date