HARN T COUNTY HEALTH DEPARTMIT

HTE 03-5-8363

IMPROVEMENT PERMIT

21117

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) Atk. of Place LLC INew Installation Septic Tank Subdivision Atking Lot # / 7 _____Quadrant # __ Tax ID # Number of Bedrooms Proposed: 3 Lot Size: ,35 Ac Basement with Plumbing: Garage: 2 Public Community 50 Distance From Well: ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional Type of system: Other Size of tank: Pump Tank: _____gallons Septic Tank: /006 gallons Subsurface No. of exact length width of depth of Drainage Field ditches 3 of each ditch 90 ft. ditches 3 ditches 36-25 in. French Drain Required: Linear feet This permit is subject to revocation if site plans or intended use change. Environmental Health Specialist * Maintain all rethacks * D-Box + 1st line should be 10 ft. off back prepenty Partial LPP Line * Lines should stort at 36 incho + Run to 25 incho 135' 35'

HARNE A 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 # This authorization shall be valid for a period not to exceed five (5) years from the date of issuance.
plants, or intended use charge
Name Styles
Telephone#
Atknowled (LC) Name 72 Overlook (not Angle N.C.2)501 Address
Property Location SR# Property Location SR#
Road Name
Atking Mace 19
Road Name Atking Mac. 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 Sether I.
Septic Tank /000 gd Pump Chamber gd
NITTIDEI CAMPAGA
NITIRFICATION FIELD SPECIFICATIONS
Number of fields / # of lines per field Length of lines Ft.
Width of ditches 3 ft. Depth of ditches 3 ft. inches
French Drain: Linear feet required Depth of gravel
No wastewater system shall be covered or plant?
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 Operation P
the conditions of the Improvement Permit and that a valid Operations Permit has been issued.
that a valid Operations Permit has been issued.
Dup Man for
Signature of Authorized Agent for Harnett County of Harnett
Date