## HAR! T COUNTY HEALTH DEPARTM

HTE 04-5-8970

## **IMPROVEMENT PERMIT**

20773

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) Lordort Homes THE

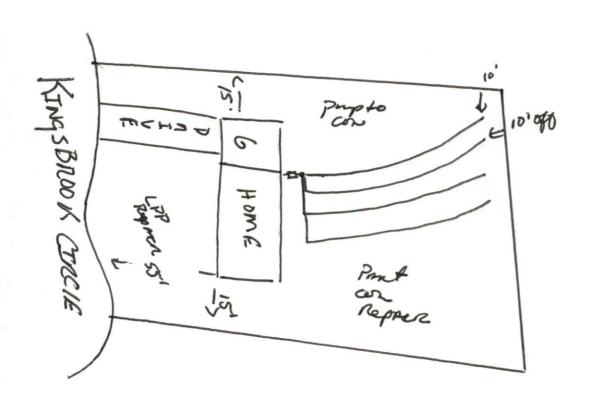
Property Location: SR# 1912 Chnistran Light

Repairs

New Installation

Repairs

Nitrification Line Subdivision Forest Thails Lot # **27** Basement with Plumbing: Garage: Public ☐ Well ☐ Community Water Supply: Distance From Well: 50 Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional ☐ Other Type of system: Septic Tank: 1000 gallons Pump Tank: \_\_\_\_\_gallons Size of tank: exact length of each ditch 80 ft. width of ditches 3 ft. Subsurface No. of depth of ditches 22-78 in. Drainage Field ditches French Drain Required: \_\_\_\_ Linear feet Signed: Markon Environmental Health Specialist This permit is subject to revocation if site plans or intended use change.



04-5-8970

## HARNETT C NTY DEPARTMENT OF PUB HEALTH AUTHORIZATION TO CONSTRUCT

| Harnett County Department of Public Health, Improvement Permit # 20773 . 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. |                         |
|---|-------------------------|
| Name  P.O. Box 369 Clayton N.C.  Address  |                         |
|   |                         |
| Property Location SR#   | Christem Life Road Name |
| Forest Tracks 27 3 Subdivision Lot # Bedrooms Proposed  | Lot Size                |
| TYPE OF SYSTEM  |                         |
| [ New Installation [ ] Repair [ Septic Tank [ ] Nitr  |                         |
| [ ] Conventional [ ] Other  |                         |
| [ ] Basement [ ] With Plumbing [ ] Without Plumbing   |                         |
| Water Supply: [ ] Well [ ] Public Water Supply Minimum Well Setback:Ft.   |                         |
| Septic Tank gal Pump Chamber gal  |                         |
| NITRIFICATION FIELD SPECIFICATIONS  |                         |
| Number of fields # of lines per field Lengt   | th of lines 80 Ft.      |
| 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.  |                         |
| James & Montant and   |                         |
| Signature of Authorized Agent for Harnett County  | 3-26-04<br>Date         |
| V   |                         |