HTE 04-5-9149

HARN [COUNTY HEALTH DEPARTM]

IMPROVEMENT PERMIT

20433

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) HOH Constructor New Installation Septic Tank Property Location: SR#__//17 Nitrification Line Subdivision Wood Shire ____Lot#_3/ Tax ID # Ouadrant # Number of Bedrooms Proposed: 6 4 (5/x61) Lot Size: 43 AC Basement with Plumbing: Garage: Public ☐ Well Water Supply: Community Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional Other____ Type of system: Septic Tank: 100 3 gallons Pump Tank: _____gallons Size of tank: Subsurface No. of / exact length of each ditch 280 ft. exact length depth of ditches 18-24in. width of Drainage Field ditches ditches French Drain Required: Linear feet Date: 04-12-04 Signed: Find Find Health Specialist This permit is subject to revocation if site plans or intended use change. 200 27 51261 19 200 STUB Out Plumbing shallow MAINTAIN All Set Backs

HARNETT CO TYY DEPARTMENT OF PUI CHEALTH AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 20433 . 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 Talanta
Telephone #
Address
Property Location SR# Road Name
Subdivision Lot # Bedrooms Proposed Lot Sim
Lot Size
TYPE OF SYSTEM
[New Installation [] Repair [Septic Tank [Nitrification Lines
[] Other
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well [Public Water Supply Minimum Well Setback: 50 Ft.
Septic Tank gal Pump Chamber gal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field (Length of lines 200 Ft.
Width of ditches $\underline{3}$ ft. Depth of ditches $\underline{1804}$ 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.
1-12-04
Signature of Authorized Agent for Harnett County Date