## HARN COUNTY HEALTH DEPARTME

HTE 04-5-9752

## **IMPROVEMENT PERMIT**

20641

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 Septic Tank Name: (owner) S+K Homes Property Location: SR# /435 TREPP Repairs Nitrification Line Subdivision VENEYAND GREEN Lot # \_ 60 Quadrant # Tax ID # Number of Bedrooms Proposed: 3 Lot Size: .988 Garage: Basement with Plumbing: 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: Pump Tank: gallons Size of tank: Septic Tank: 1000 gallons No. of 3 exact length /00 Subsurface width of depth of No. of exact length / of width of depth of ditches Z of each ditch / 50 ft. ditches 3 ft. ditches 28-3/8 in. Drainage Field French Drain Required: \_\_\_\_\_Linear feet Date: 6-28-04 Signed: Markante & Markante & Environmental Health Specialist This permit is subject to revocation if site plans or intended use change. TERRICE:

STRAGE

## HARNETT CC | TY DEPARTMENT OF PUB | HEALTH AUTHORIZATION TO CONSTRUCT

Harnett County Department of Public Health, Improvement Permit # 20641 . 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.	
S+K Homes Name	919-231-4925
Name	Telephone #
Address Highland DR Malego	
Property Location SR#	TREPA NOAD
i i	ad Name
Plantation 60 3 Subdivision Lot # Bedrooms Proposed	. 988 rec
Subdivision Lot # # Bedrooms Proposed	Lot Size
TYPE OF SYSTEM	* *
[ ] New Installation [ ] Repair [ ] Septic Tank [ ] Nitrifi	cation Lines
[ ] 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 Length	of lines 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 pers	on until an inspection by the
Harnett County Health Department has determined that the system has the conditions of the Improvement Permit and that a valid Operations	s been installed according to
2 Personal Personal Residence in State Co.	
James & Manhanteron	6-28-04
Signature of Authorized Agent for Harnett County	Date