## HAR T COUNTY HEALTH DEPARTM

## **IMPROVEMENT PERMIT**

20646

HTE 04-5-9756

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin construc-

tion of any building at which a septic tank system is to be used for disposal of from the Harnett County Health Department."	of sewage without first obta	nining a written permit
Name: (owner) Stk Homes	New Installation	Septic Tank
Property Location: SR# 1435 Tropp RD	☐ Repairs	Nitrification Line
Subdivision_\textsurel Green  Tax ID #  Number of Bedrooms Proposed:	Lot #	64
Tax ID #	Quadrant #	
Number of Bedrooms Proposed: Lot Siz	e: ,529	100
Basement with Plumbing: Garage:		
Water Supply: ☐ Well ☐ Public ☐ Community		
Distance From Well:ft.		
Following is the minimum specifications for sewage disposal systo final approval.		
Type of system:	25% Reduction	
Size of tank: Septic Tank: 1000 gallons Pump		
Subsurface No. of exact length of each ditch 400 ft.	width of ditches3ft.	depth of ditches 16 71 \(\frac{16}{21}\) in.
French Drain Required:Linear feet		
	7-13-04	
This permit is subject to revocation if site plans or intended use change.  Signed	: Zano E 7 Invironmental He	Manhoon A end
Perme G	TERRACE  19'	

## HARNETT CC TYY DEPARTMENT OF PUB HEALTH AUTIORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit #		
5+K H8MES 919 731-1875		
S+K #8MES 919-231-4925 Name Telephone #		
4609 Forest Highland DR Ratezgh N.C. 27604		
operty Location SR#  Road Name		
Subdivision (AUGA)  Lot # Bedrooms Proposed  Lot Size		
Subdivision (COGGN) Lot # Bedrooms Proposed Lot Size		
TYPE OF SYSTEM		
[ ] New Installation [ ] Repair [ ] Septic Tank [ ] Nitrification Lines		
[ ] Conventional [ ] Other 25% Ned Syst Pumpto		
[ ] 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 ditchesft. Depth of ditchesinches		
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  Date		