HARN Γ COUNTY HEALTH DEPARTM

HTE 04-5-9781

IMPROVEMENT PERMIT

20901

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) MGM BUILDER LLC New Installation A Septic Tank Property Location: SR# 421 ☐ Repairs Nitrification Line Subdivision BROOKWOOD Lot # _____Quadrant # _____ Tax ID # Lot Size: .55ec Number of Bedrooms Proposed: Garage: Basement with Plumbing: M Public ☐ Well Water Supply: ☐ Community Distance From Well: ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. **☒** Conventional ☐ Other Type of system: Size of tank: Septic Tank: 1600 gallons Pump Tank: _____gallons Subsurface No. of exact length width of depth of of each ditch_75 ft. 2 Drainage Field ditches ditches 18-30 in. ditches 3 ft. French Drain Required: Linear feet Date: RS (PLIVER TOLKSDORF This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist 208 +MAINTAIN ALL SETBACKS * CALL WITH ANY QUESTIONS PRIOR TO 96 INSTALLATION GON. REPAIR AREA 170

HARNETT CONTY DEPARTMENT OF PUBL HEALTH AUTHORIZATION TO CONSTRUCT

Harnett County Department of Public Health, Improvement Permit # 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.		
MGM BUILDER LL	C	893-6272
Name		Telephone #
1948 NCFTW LILL Address	INGTON NC 27546	
Link		
Property Location SR#		Road Name
R. E		
Subdivision Lot #	3 # Bedrooms Proposed	Lot Size
	TYPE OF SYSTEM	,
New Installation [] Repair	Septic Tank Nitr	rification Lines
Conventional [] Other		
[] Basement [] With Plumbing [] Without Plumbing		
Water Supply: [] Well Public Water Supply Minimum Well Setback: VOO Ft.		
Septic Tank 1000	gal Pump Chamber	gal
NITRIFICATION FIELD SPECIFICATIONS		
Number of fields # of lines per field & Length of lines 75 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.		
all i f	M) 25	6/30/102
Signature of Authorized Agent for Harne	ett County	Date