## HTE 05-5-12761

## HARNSTT COUNTY HEALTH DEPARTMENT

22181

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) Ronald Laflante Property Location: SR# 401 N Triffication Line Subdivision Classic Cove \_\_\_\_Lot # \_\_\_// Basement with Plumbing: Garage: Public ☐ Community Distance From Well: \_\_\_\_ 50 ft. 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: 1700 gallons Subsurface exact length /33 No. of 3 width of depth of ditches Z of each ditch Zoo ft. Drainage Field ditches 3 ft. ditches 26-18 in. French Drain Required: \_\_\_\_ Linear feet This permit is subject to revocation if site plans or intended use change. Environmental Health Specialist

## HARNETT COUNTY DEPARTMENT OF PU IC HEALTH AU\_\_ORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 2181 . This authorization shall be valid for a point of the specific to the
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.
Ronald LaPlante  Name  738 Cincle Drive Argion N.C.  Address
Name Telephone #
779 7: 1.
Address N.C.
Audiess
Property Location SR# Road Name
Property Location SR# Road Name
Classic Cove // 4 (180901) 1-22 Subdivision Lot # # Bedrooms Proposed Lot Size
Lot # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
[ New Installation [ ] Repair [   Septic Tank [   Mitrification Lines
[   Conventional [ ] Other
[ ] Basement [ ] With Plumbing [ ] Without Plumbing
Water Supply: [ ] Well [ ] Public Water Supply Minimum Well Setback:Ft.
Septic Tankgal Pump Chambergal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field 2 Length of lines 200 Ft.
Width of ditches ft. Depth of ditches inches
French Drain: Linear feet required Depth of gravel
Bopul of graver
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.
0 0 100 1 100 10
Signature of Authorized Agent for Harnett County  Date
Signature of Authorized Agent for Harnett County  Date