

HTE Accept To Repair

IMPROVEMENT PERMIT

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) Vincent Encinas☒ New Installation☒ Septic TankProperty Location: SR# 32 Kramer Rd☒ Repairs☒ Nitrification Line

Subdivision _____

Lot # _____

Tax ID # _____

Quadrant # _____

Number of Bedrooms Proposed: 3 (Existing)Lot Size: 5.00 ACBasement with Plumbing: ☐Garage: ☐Water Supply: ☒ Well☒ Public☐ CommunityDistance From Well: 75' ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system:

☒ Conventional☐ Other _____

Size of tank:

Septic Tank: 1000 gallons

Pump Tank: _____ gallons

Subsurface

No. of

exact length

width of

depth of

Drainage Field

ditches 1of each ditch 240 ft.ditches 3 ft.ditches 18 MAX in.

French Drain Required: _____ Linear feet

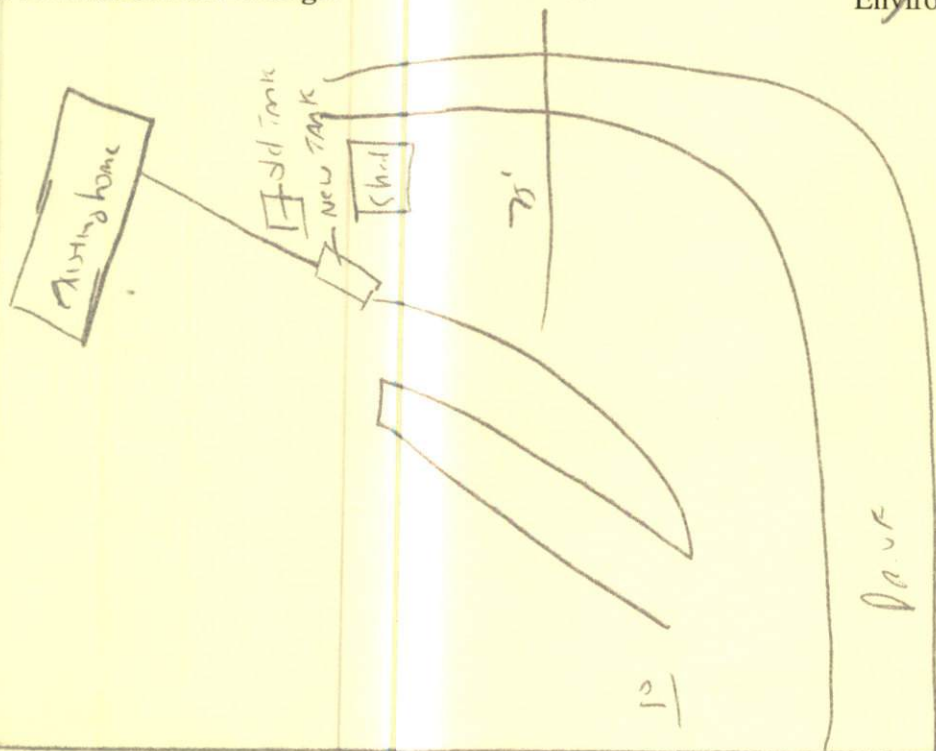
Date: 9-3-03

This permit is subject to revocation if site plans or intended use change.

Signed: Jo L. [Signature]

Environmental Health Specialist

Set New Tank
Meet onsite
Maintain all
Set Backs



←
10' 0' 10' Rd

Kramer Rd

HARNETT COUNTY HEALTH DEPARTMENT
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 20263. 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 V. W. GENT ENGINEER Telephone# 814-6787

Address KRAMER RD

Property Location SR# _____ Road Name _____

Subdivision _____ Lot # EX-3 # Bedrooms Proposed 5.00 AC Lot Size

TYPE OF SYSTEM

☐ New Installation ☒ Repair ☒ Septic Tank ☒ Nitrification Lines
☒ Conventional ☐ Other _____

☐ Basement ☐ With Plumbing ☐ Without Plumbing

Water Supply: ☒ Well ☒ Public Water Supply Minimum Well Setback: 75 Ft.
Septic Tank 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 240 Ft.
Width of ditches 2 ft. Depth of ditches 18 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.

Signature of Authorized Agent for Harnett County of Harnett [Signature]

Date 9.7.07