HAP TT COUNTY HEALTH DEPART TO

Nº 17792

06-40000507

II... 'ROVEMENT 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."

| from the Harnett Coun | ty Health Departmen | nt." | | |
|---|----------------------------------|-----------------------------------|-------------------------|--------------------------|
| Name: (owner) | orld Parting | | New Installation | Septic Tank |
| Property Location: | SR# 1505 P | coridge Rd. | ☐ Repairs | Nitrification Lin |
| Subdivision Part | nhand | | Lot | # |
| Tax ID # | | | Quadrant # | |
| Number of Bedroom | s Proposed: | Lo | t Size: 16.6 Ac | |
| Basement with Plum | bing: | Garage: | | 1150 |
| Water Supply: | Well Publi | c Community | | (134) |
| Distance From Well: | 50 min | - ft. | | |
| final approval. | mum specifications Conventional | for sewage disposal syst | em on above captioned | property. Subject to |
| Size of tank: | Septic Tank: /0 | 00 gallons Pu | mp Tank: ga | llons |
| Subsurface Drainage Field | No. of ditches | exact length of each ditch 80 ft. | width of ditches ft. di | epth of itches 18-24 in. |
| French Drain Require | ed: | | / / | |
| | | Date: | 5/31/2000 | |
| This permit is subje- plans or intended us | | f site Signed: | Luga Me Jwai | . N. S. |
| pans of intended di | e change. | | Environmental Hea | Ith Specialist |
| * Maintain set | h. h.c | | | |
| * flow ditches | | 5R 150 | | |
| e from a tryes | on contour | 3,750 | | |
| | | | | |
| | | AH 28 X7. | * Home of set up | wheady placed t |
| | | | | |
| | | | LPP. | |
| | | | Rept. r | |
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HA TT COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONS RUCT

Authorization is hereby given to construct a wastewater system to the specifications described

by Harnett County Health Department Improvement Permit # 17792. 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. Owner or Authorized Agent _____ Name: Handa Partin Telephone # 639-6538 Address: 5611 Pincy Crove Rd. Angier NC 27501 Property Location: SR # 1505 Road Name Pearidge New Installation _____ Repair ____ Septic Tank ____ Nitrification Lines ____ Partin Lord Lot#_____ Basement _____ With Plumbing ____ Without Plumbing ____ Water Supply: Well _____ Public ____ Minimum Well Setback: 50 ft. Type of System: Conventional _____ Other ____ Tank Volume: Septic Tank /00 gallons Pump Chamber _____ gallons **Nitrification Field Specifications** Number of fields __/_ Number of Lines per Field ____ Length of lines __ 80 +4. Width of ditches 3 ft. Depth of ditches 18-24 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. Authorized Agent for Harnett County Health Department Name: Sup Moderal S. Date: 5/31/2000 (Revised 2/96) CNSTRCT.WPD