## 00-40000620

## HARN I COUNTY HEALTH DEPARTM

Nº16341

## IMPROVEMENT PERMI

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) Alexis 4Ken Cowery  New Installation Septic Tank
Property Location: SR# NC 27
NC 27 to Whiften Rd (on right) pust they 87 hridge
Subdivision Pineview Lot # 52°
Tax ID # Quadrant #
Number of Bedrooms Proposed: Lot Size:
Basement with Plumbing: Garage:
Water Supply:  Well Public  Community
Distance From Well:ft.
Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.
Type of system:  Other Other
Size of tank: Septic Tank: gallons Pump Tank: gallons
Subsurface No. of ditches 2 exact length of each ditch 100 ft. ditches 4 depth of 18 max depth of 2 ditches in.
French Drain Required: Linear feet
Date: AT MIGHT 2006
This permit is subject to revocation if site plans or intended use change.  Signed:  Environmental Health Specialist
Environmental Health Specialist
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3 30' Bldg. Envelope 65'
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## H VETT COUNTY HEALTH DEPA MENT AUTHORIZATION TO CON. TRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 1634/ ... 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 Cowery Telephone # 80 Road Name Property Location: SR# Repair \_\_\_\_\_ Septic Tank \_\_\_\_ Nitrification Lines **New Installation** Subdivision Number of Bedrooms Proposed: 1 Mel Lot size: \_\_\_ Basement \_\_\_\_\_ With Plumbing \_\_\_\_ Without Plumbing \_\_ Water Supply: Well \_\_\_\_\_ Public \_\_\_\_\_ Minimum Well Setback: \_\_\_\_\_ ft. Type of System: Conventional \_\_\_\_\_ Other \_\_\_\_ Tank Volume: Septic Tank // gallons Pump Chamber \_\_\_\_\_ gallons **Nitrification Field Specifications** \_\_\_ Number of Lines per Field \_\_\_\_ Length of lines /\_\_\_\_ ft. Depth of ditches 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

(Revised 2/96) CNSTRCT. WPD