## 00-40000621

## HAPATT COUNTY HEALTH DEPARTMENT

## IIVIPROVEMENT PERMIT

Nº 17319

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 County Health/Department."
Name: (owner) Construction Systems New Installation Septic Tank
Property Location: SR# // // Repairs Nitrification Line
Subdivision         Anderson Crup Golf Club-         Lot #
Basement with Plumbing: Garage: Maintenance Facility
Water Supply: Well Public Community ///O' X 6 0'
Distance From Well: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 Drainage Field  No. of exact length width of depth of in.  depth of in.
French Drain Required: Linear feet Date:
This permit is subject to revocation if site  Signed: Ven Cat 1. Volume
plans or intended use change.  Environmental Health Specialist
required for required for line.  Nointepand for required for ly ple from tank to drain field a meet on-site prior to install to drain to pavement.

## HAT TT COUNTY HEALTH DEPAR INT AUTI RIZATION TO CONSTRUCT

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

by Harnett County Health Department Improvement Permit # 17319 . 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: Construction Systems Telephone # (910) 738-5229 Kenny Biggs Rd. Cumberton, W. Property Location: SR # //// Road Name W My \_\_\_\_\_ Repair \_\_\_\_\_ Septic Tank \_\_\_\_ Nitrification Lines New Installation Subdivision \_\_\_\_ **Number of Bedrooms Proposed:** Without Plumbing Basement \_\_\_\_\_ With Plumbing \_\_\_ Water Supply: Well \_\_\_\_\_ Public \_\_\_\_\_ Minimum Well Setback: 50 ft. Type of System: Conventional \_\_\_\_ Other \_\_\_\_ Tank Volume: Septic Tank 1000 gallons Pump Chamber \_\_\_\_\_ gallons **Nitrification Field Specifications** Number of fields \_\_\_\_\_\_ Number of Lines per Field \_\_\_\_\_ Length of lines \_\_\_\_\_\_ 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. Authorized Agent for Harnett County Health Department 12 Val Date: 13 July 2000 (Revised 2/96) CNSTRCT. WPD