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HARNETT COUNTY HEALTH DEPARTMENT

Nº 13759

IM ROVEMENT PERMI

Be it ordained by the Harnett County Board of Health as follows: Set tion of any building at which a septic tank system is to be used for disposal from the Harnett County Health Department."		
	New Installation	Septic Tank
Property Location: SR# 1403 Cokes berry	☐ Repairs	Nitrification Line
Subdivision PAD		
Tax ID #	Quadrant #	
Number of Bedrooms Proposed: Lot	Size: 3.421 A	
Basement with Plumbing: Garage:		
Water Supply: Well Public Community		
Distance From Well: ft.		
Following is the minimum specifications for sewage disposal system final approval. Type of system: Conventional Other	m on above captioned p	
Size of tank: Septic Tank: /000 gallons Pum	p Tank: gal	lons
Subsurface No. of exact length of each ditch of each ditch ft.	width of deditches ft. di	epth of tches 18-24 in.
French Drain Required: Linear feet	1 1	
This permit is subject to revocation if site plans or intended use change. Date: Signed:	Buyer M Just Environmental Hea	
*Maintain set backs		
* Contractor to meet on-site creek		
prior to installing system sol upp	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
15 38 1 20'859'		
House House	90'	

HAR T COUNTY HEALTH DEPART VT AUTHORIZATION TO CONSTRUCT

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

by Harnett County Health Department Improvement Permit # 13759 ... 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: Steve Koonts Telephone # 919-567-9137 Address: 104 Dewar St. Fugury Varina NC. 27526 Property Location: SR# 1403 Road Name Cokes berry New Installation _____ Repair ____ Septic Tank ____ Nitrification Lines _____ Subdivision PAO Lot # 2 G Number of Bedrooms Proposed: 3.421 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 fields ____/ Number of Lines per Field ____ Length of lines ____ (off. Width of ditches _____ ft. Depth of ditches $\frac{18-24}{}$ 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: Duya M. M. Date: 2/2/2000 (Revised 2/96) CNSTRCT. WPD