COUNTY HEALTH DEPARTMI HARN

HTE 04-5-9972

IMPROVEMENT PERMIT

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin construc-

20948

tion 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) GREGORY MILLER New Installation Septic Tank Property Location: SR# NC み4 Repairs Nitrification Line BRIDLEWOOD Subdivision HILLS Lot # 🕹 Ouadrant # Tax ID # Lot Size: 1.76ac Number of Bedrooms Proposed: Garage: Basement with Plumbing: N Public Well ☐ Community Water Supply: Distance From Well: 50 ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. DOTHER PUMPTO CONVENTIONAL W/ MAN-A-TER DISTRIBUTION Conventional Type of system: Septic Tank: 1000 gallons Size of tank: Pump Tank: 1000 gallons Subsurface No. of exact length width of depth of ditches 4 of each ditch 75 ditches 18-20 in. Drainage Field ft. ditches 3 ft. French Drain Required: Linear feet Date: es (olivee Tolksbors This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist *MAINTAIN ALL SETBACKS 273 * PUMP SPECS 30 gpm @ 15 TDH *MAN-A-TEE SPECS 115 3"SCH 40 VALVES 2' PRESSURE HEAD PLACE MAN-A-TEE AT END OF SUPPLY LINE DRIVE * CALL WITH ANY QUESTIONS PRIVE 210 TO INSTALLATION CONV REPAIR

HARNETT CC TY DEPARTMENT OF PUB HEALTH AUT. ORIZATION TO CONSTRUCT

Harnett County Department of Public Health, Improvement Permit # 20948. 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.
CREGORY MILLER 919-498-2399
Name 919-498-2399 Telephone #
355 OAKWATER DR CAMERON NC 28326 Address
Property Location SR# Road Name
BRIDGEWOOD HILLS 1 3 1.76 AC Subdivision Lot # Bedrooms Proposed Lot Size
Subdivision Lot # # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
New Installation [] Repair Septic Tank Nitrification Lines
[] Conventional X Other PUMP TO CONVENTIONAL WITH MAN-ATER DISTRIBUTION
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well Public Water Supply Minimum Well Setback: WOFt.
Septic Tank 1000 gal Pump Chamber /000 gal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field 4 Length of lines 75 Ft.
Width of ditches 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.
Signature of Authorized Agent for Harnett County Date
Date