HAR T COUNTY HEALTH DEPARTM

HTE 05-50011663

IMPROVEMENT PERMI

21813

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) Kichard New Installation Septic Tank Property Location: SR# Twin Pands Repairs Nitrification Line Take Tuin Ponds To The End Turn Left At STOPSIKN Subdivision Ruffalo Est. Lot # 27 Ouadrant #_ Tax ID# Number of Bedrooms Proposed: 3(32x68) Lot Size: 4.98 Ac Basement with Plumbing: Garage: ☐ Community Water Supply: ☐ Well V Public 50 ft. Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional Other Type of system: Septic Tank: / gallons Pump Tank: gallons Size of tank: exact length of each ditch 245 ft. Subsurface No. of width of depth of ditches Bay in. ditches \mathcal{L} ft. Drainage Field ditches French Drain Required: Linear feet Date: 3.23-05 Signed: Jor This permit is subject to revocation if site plans or intended use change. Environmental Health Specialist 725 Mus? Meet onsite for Final Lagort - Septic system goes 110 within area marked by my Blue FLAGS 470 200 301 32x60 Cleare ARA within my Blue Flags - Do not Remove my Blue Flags -DRIVE Must Be Octside The DRIVE Area MARKED BY MY Do not Orive orparkon 725 Blue Flags Septic SYSTEM - AREA MARKED BY BLUE FLAGS is AREA for Sptil system & REPAIR AREA.

AUTHORIZATION TO CONSTDUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 21213 This authorization shall be valid for a period not to exceed five (5) years from the construction.
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. Richard BISHof
Name
Telephone #
Address
Twin Ponds
Property Location SR# Road Name
Buffalo Est 27 3(32 x 68) 4.98 Ac Subdivision Lot # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
New Installation [] Repair Septic Tank Nitrification Lines
Conventional [] Other
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well Public Water Supply Minimum Well Setback: 50 Ft.
Septic Tank 000 gal Pump Chamber gal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field Length of lines _ 240
Width of ditches ft. Depth of ditches ft. Depth of ditches ft.
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 by
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.
Learning and that a valid Operations Permit has been issued.
Signature of Authorized Agent for Harnett County
Signature of Authorized Agent for Harnett County

Date