HAR TT COUNTY HEALTH DEPARTN T

HTE 05-500 12520

IIVIPROVEMENT PERMIT

22138

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) Inc Grove Dev. Corp New Installation X Septic Tank Property Location: SR#__/14/ ☐ Repairs ☐ Nitrification Line Subdivision Cherokec Ridge Lot# Tax ID #______Quadrant #______
Number of Bedrooms Proposed: 3(26 x 48) Lot Size: _, 5 7 Ac 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. Conventional Other Type of system: Septic Tank: ______ gallons Pump Tank: _____ gallons Size of tank: No. of exact length of each ditch 240 ft. width of ditches__3__ft. Subsurface Drainage Field French Drain Required: _____Linear feet Date: 7-6-05 Signed: Finvironmental Health Specialist This permit is subject to revocation if site plans or intended use change. Meet onik for Final Layert STuB out Plumbing shallow where Montain Allset Back 332 1141 MI Ryping 49 26141 142 PAPOR TRAIL

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUTTORIZATION TO CONSTITUTE

Harnett County Department of Public Health, Improvement Permit # 22 138 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.
Name Telephone #
Technology
Address
Property Location SR# Road Name
Cherokac Ridge 1 3 (26x48) 532
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 gal Pump Chamber gal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field Length of lines _ 2 45 Ft.
Width of ditches ft. Depth of ditches fr. 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 grant of the last the county Health Department has determined that the grant of the last the grant of the gr
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.
And book issued.
Jor West PJ 7-6.05
Signature of Authorized Agent for Harnett County Date