## HARN COUNTY HEALTH DEPARTME

## HTE 03-5-8459RR

## IM. ROVEMENT PERMIT

20711

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) PALM HARBOR HOMES New Installation 🗷 Septic Tank Property Location: SR# 1516 CAULTON BROWN RD Nitrification Line Repairs Subdivision Lot # **1** Tax ID # Ouadrant # Lot Size: 2,47AC Number of Bedrooms Proposed: 3 Garage: Basement with Plumbing: Water Supply: Well Public ☐ Community Distance From Well: 100 ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. & Other Pump To ConvENTIONAL W/ MAN-A-TEE Type of system: Conventional DISTRIBUTION Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons Subsurface No. of exact length width of depth of  $ditches_3$ of each ditch 115 ft. ditches 3 ft. Drainage Field ditches 18 in. French Drain Required: Linear feet Date: RS (OLIVER TOLKSDORF) This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist \*MAINTAIN ALL SETBACKS \* PUMP SPECIFICATION 40gpm@11' \* DOSE = 168 gal LPP 46 LINE LENGTH 28 > 76 na SR 1516 + MAN-A-TEE SEECIFICATIONS 3/4" SCH40 TAPS/BUSHINGS 2' PRESSURE HEAD \* CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION

## HARNETT CC TY DEPARTMENT OF PUBI HEALTH AUTHORIZATION TO CONSTRUCT

Harnett County Department of Public Health, Improvement Permit # 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.
Pain Harris Homes 910-473-GEA
PALM HARBOR HOMES 910-423-9500  Telephone #
3495 GILLESPIE ST. FAYETIEVILLE NC 28306
1516 CAULTON BROWN RD
Property Location SR# Road Name
Subdivision  Lot # Bedrooms Proposed  Lot Size
Subdivision Lot # # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
New Installation [ ] Repair Septic Tank Nitrification Lines
[] Conventional Other Pump To MAN-ATEG
[ ] Basement [ ] With Plumbing [ ] Without Plumbing
Water Supply: Well [ ] Public Water Supply Minimum Well Setback: 100 Ft.
Septic Tank \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field Length of lines Ft.
Width of ditches3 ft. Depth of ditches1\& 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