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HARNE COUNTY HEALTH DEPARTMEN

IMPROVEMENT PERMIT

Nº 18876

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."	ng a written permit
Name: (owner) JAMI) LAWIRERU Johnson New Installation QS	eptic Tank
Property Location: SR# Repairs	Nitrification Line
Subdivision JASON'S CORNER Lot#	2
Tax ID # Quadrant #	
Number of Bedrooms Proposed: 3 (14x80) Lot Size: 3.99 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 proper final approval.	ty. Subject to
Type of system: Conventional Other June to Conventional	
Size of tank: Septic Tank 2000 gallons Pump Tank: 2000 gallons	
Subsurface No. of exact length width of depth of	
Drainage Field ditches of each ditch of the ditches ft. ditches	in.
French Drain Required: Linear feet	
This permit is subject to revocation if site Date:	
plans or intended use change. Environmental Health Sp	ecialist
M27 × × X × M2 T 211 1260 = 20	
TRAIL	*
Must meet 100 3BC	× 1
Onsite Before 75'	17
Installing 200 Septic ARIA UPP	
18" max Orth Opph	150,
Tiwal Lagort 50';	100
may change once	100
The AMA Systic 500	
STITEM IS CHAR MON-mat 9	Las
MAINTAIN All Sit BACK TPost	A Told MH
Will Must Be 100' from And part of Septic STITEM Devel	Cole
Wood Line is Appr Property Line	
Do not DRIVE DR PARK ON SEPTIC System	

AL HORIZATION TO CC. STRUCT

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

by Harnett County Health Department Improvement Permit # 18876. 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 James Labruce Johnson ... Name: _______ Telephone # _ 8 65 277 6 Address: ____ Property Location: SR # ______ Road Name _____ New Installation _____ Repair ____ Septic Tank ____ Nitrification Lines _____ Subdivision JAJONI CORNER Lot # 6 Number of Bedrooms Proposed: 3 (14x80) Lot size: 3.99 AC Basement _____ With Plumbing _____ Without Plumbing _____ Water Supply: Well Public Minimum Well Setback: 15 ft. Type of System: Conventional _____ Other \(\section \) Tank Volume: Septic Tank / gallons Pump Chamber gallons **Nitrification Field Specifications** Width of ditches 3 ft. Depth of ditches 18 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 Date: 01-14-02 (Revised 2/96) CNSTRCT. WPD