## HARN T COUNTY HEALTH DEPARTM

Nº19991

## IM-ROVEMENT PERMIT

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) Brenda Johnson New Installation Septic Tank LIVE Oak SR# 155.3 Property Location: ☐ Repairs Nitrification Line Subdivision Lot# \_\_\_\_\_ Quadrant # \_\_\_\_ Tax ID #\_\_\_ Lot Size: 1.11 nece Number of Bedrooms Proposed: 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. Type of system: ☑ Conventional Other Pump Tank: \_\_\_\_\_ gallons Size of tank: Septic Tank: 1200 gallons exact length 150 width of depth of of each ditch ft. ditches ft. ditches in. Subsurface Drainage Field ditches . French Drain Required: \_\_\_\_ \_\_\_\_\_ Linear feet 5-2-03 This permit is subject to revocation if site plans or intended use change. Environmental Health Specialist

#03-5-6931

## HARNETT COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described	
by Harnett County Health Department, 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.	
Brewla Johnson 919-630 - 8408 Name Telephone#	
Name Telephone#	
Name  7 Cleanfield Dr. Angeer N.C. 27501  Address	
1553 LEVE OAK	
Property Location SR# Road Name	-
1 4 1.11 neu	
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 1200 gd Pump Chamber gd	
NITIRFICATION FIELD SPECIFICATIONS	
Number of fields Z # of lines per field 3 Length of lines 150 Ft.	
Width of ditches ft. Depth of ditches inches	
French Drain: Linear feet required Depth of gravel	š
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 of Harnett	-
ANY WALLING OF A DELICATION OF THE PROPERTY OF	