HARNETT COUNTY HEALTH DEPARTMIT

Nº 20129

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." New Installation Septic Tank Name: (owner) Philip Stephenson SR# 1507 Tiggett Rd ☐ Repairs Property Location: Nitrification Line Lot # / Subdivision Minu _____ Quadrant # ____ Tax ID # Number of Bedrooms Proposed: 3 Lot Size: 1. W. A. Basement with Plumbing: Garage: Public Public Water Supply: ☐ Well ☐ Community Distance From Well: 50 min ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Other Pump to 25% Reduction System ☐ Conventional Type of system: Size of tank: Septic Tank: Pump Tank: 1000 gallons _ gallons No. of exact length width of depth of ditches 3 ft. ditches 12 in MX Subsurface Drainage Field French Drain Required: _____ Linear feet This permit is subject to revocation if site Signed: __ onmental Health Specialist plans or intended use change. * Maintain all setbacks 2521 * Run ditcher on contour * 6: notes of cover required * Contractor to meet on-site prior to installing 2421 189 Husse GAM 73' TippettR4.

HARNETT COUNTY HEALTH DEPARTM T AUT PRIZATION TO CONSTRUCT

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.
Name Telephone#
Name 1/87 N. Roleight. Angier N.C. 27501 Address
Property Location SR# Tipp = H Road Name
Road Name
Subdivision 3 1.028 A. Subdivision Lot # # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
New Installation [] Repair [] Septic Tank [] Nitrification Lines
[] Conventional [JOther Pump to 25% Reduction
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well [Public Water Supply Minimum Well Setback: 50 Ft.
Septic Tank / OUD gal Pump Chamber / OUD gal
NITIRFICATION FIELD SPECIFICATIONS
Number of fields / # of lines per field 3 Length of lines /00 Ft.
Width of ditches
French Drain: Linear feet required Depth of gravel
No wastewater system shall be covered or placed in the same of the
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.
(S Mel DC
Signature of Authorized Agent for Harnett County of Harnett Date
Date