HAR TT COUNTY HEALTH DEPARTN IT

HTE 04-50011012

IMPROVEMENT PERMIT

21671

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) JESSE STEWART	New Installation	Septic Tank
Property Location: SR# 1802 LANE RO		Nitrification Line
Subdivision	Lot #	#
Tax ID #	Quadrant #	the second second
Tax ID #	Lot Size: 1 ACEE	
Basement with Plumbing: Garage:	: 🗖	
Water Supply:	ity	
Distance From Well:ft.		
Following is the minimum specifications for sewage dis to final approval.	posal system on above caption	ed property. Subject
Type of system: ☐ Conventional ☒ Other Poo	ME TO CONVENTIONAL	
Size of tank: Septic Tank: voo gallons	Pump Tank:gallons	
Subsurface No. of exact length Drainage Field ditches 2 of each ditch 120	width offt. ditches3ft.	depth of ditches 20-28 in.
French Drain Required:Linear feet	- (-)	
	Date: 2 15/05	
This permit is subject to revocation if site	Signed: Will	RS (OLIVER TOLKSPORT)
plans or intended use change.	Environmental H	ealth Specialist
*MAINTAIN ALL SETBALIS	1	DRAWING
Pump specs	TO PUMP CONV.	NTS
27gpm@1270H) *MANATEE SPECS	REPA IZ	
2" SCHOOPIE	1	
2' PRESSURE HEAD	ν L	7 307'
2 3/18CHAO VALVES		
PRIOR TO INSTALLATION		1 1
reide to rectibilities		1 7
	€ 182 >	1/
		ff 'K
	250/	SEPTIC EASEMENT
	TOTAL TOTAL	
	1	236
	60, 28, 28, 24	
	DR 70'	
		1
	LAWE RO	-

HARNETT UNTY DEPARTMENT OF PI LIC HEALTH AU HORIZATION 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.		
JESSE SIEWARY Name 892-697		
Name Telephone #		
267 EAST K ST. Eam NC 28339 Address		
1802 LANE BO Property Location SR# Poad Name		
Property Location SR# Road Name		
7		
Subdivision Lot # Bedrooms Proposed Lot Size		
TYPE OF SYSTEM		
New Installation [] Repair Septic Tank Nitrification Lines		
[] Conventional MOther Pume To ConvEntionAZ		
[] Basement [] With Plumbing [] Without Plumbing		
Water Supply: [] Well Public Water Supply Minimum Well Setback: No Ft.		
Septic Tank 1000 gal Pump Chamber 1000 gal		
NITRIFICATION FIELD SPECIFICATIONS		
Number of fields\ # of lines per field Length of lines 120 Ft.		
Width of ditches ft. Depth of ditches inches		
French Drain: Linear feet required Depth of gravel		
No wastewater system shall be covered and a line 1		
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		