IMPROVEMENT PERMIT 22966

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) Ashworth, JEFF ITRACY New Installation Septic Tank Repair
Property Location: SR# Hwy 55 Subdivision Brazzon Nitrification Line Expansion Lot # 12
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 To 25% REDUCTION SYSTEM
Size of tank: Septic Tank: woo gallons Pump Tank: woo gallons
Subsurface No. of exact length width of depth of
Drainage Field ditches 1 of each ditch 300 ft. ditches 3 ft. ditches 18-20 in.
French Drain Required:Linear feet Date: 5/16/06
This permit is subject to revocation if site plans or intended use change. Date: 5/16/06 PERMIT EXPIRES 5 YEARS FROM ABOVE DATE
Signed: QS (OLIVER TOLIYEDOS
* MAINTAIN ALL SETBACKS BEATTONWOOD De Environmental Health Specialist
CRUESTIONS PRIOR TO INSTRIBUTION 197 LPP REPAIR AREA 50' CREEK SETBACK

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUTHORIZATION TO CONSTRUCT

Harnett County Department of Public Health, Improvement	nt Permit # 22966 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	s, or intended use change.	
ASWNORTH , JEFF & TRACY	625-3413	
Name	Telephone #	
154 ROY ADAMS RD ANGIER NC 25 Address	760	
Address		
Hwy55 Property Location SR#		
	Road Name	
BRANTON 12 3 (360c) Subdivision Lot # Bedrooms Propo	74	
TYPE OF SYST		
New Installation [] Repair Septic Tank	Nitrification Lines	
[] Conventional Nother Pump To 35% Repu	5,101	
[] Basement [] With Plumbing [] Without Plumbing	•	
Water Supply: [] Well Public Water Supply Min	imum Well Setback: 100 Ft.	
Septic Tank 1000 gal Pump Chambe	er gal	
NITRIFICATION FIELD SPECIFICATIONS		
Number of fields # of lines per field	Length of lines 360 Ft.	
Width of ditches ft. Depth of ditches ft.	inches	
French Drain: Linear feet required Depth of gravel		
No westowator avetors shall be a second at the state of		
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.		
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Signature of Authorized Agent for Harnett County	5) 6 06	