HARN Γ COUNTY HEALTH DEPARTMF T

HTE 05-5-11493

IMPROVEMENT PERMIT

21881

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) Ray on Busidens TNC New Installation Septic Tank Property Location: SR# 1415 Rawls Chuncu no Repairs Nitrification Line Subdivision Alex Place ____ Lot # _____15 Tax ID # _____ Quadrant # ___ Number of Bedrooms Proposed:__ Lot Size: _______ Garage: Basement with Plumbing: \Box Public Water Supply: ☐ Well Community Distance From Well: 50 Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. YOther Manuter 7590 reduction Type of system: Conventional Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons Subsurface No. of exact length width of depth of ditches_3 Drainage Field of each ditch 80 ft. ditches 3 ft. ditches 22-78 in. French Drain Required: Linear feet Date: This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist 97.98 2" Sch 40 Pipe 78 of 305 36 JARRETT BAY LANG

HARNETT CC INTY DEPARTMENT OF PUE CHEALTH AUTHORIZATION TO CONSTRUCT

| Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 2188 . 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. | |
|---|--------------------|
| Raynon Builders INC | |
| | |
| 1281 Jackson KENS RD Willow Spring | N.C. 77592 |
| 7415 Property Location SR# | Road Name |
| Alma Place 15 | |
| Hey Pines 15 Subdivision Lot # Bedrooms Proposed | ,58 |
| TYPE OF SYSTEM | Lot Size |
| [New Installation [] Repair [Septic Tank [] Ni | |
| [] Conventional [] Other Month 25% 12eduction System | |
| [] Basement [] With Plumbing [] Without Plumbing | |
| Water Supply: [] Well [] Public Water Supply Minimum Well Setback:Ft. | |
| Septic Tank gal Pump Chamber | |
| NITRIFICATION FIELD SPECIFICATIONS | |
| Number of fields # of lines per field Leng | th of lines 60 Ft. |
| Width of ditches ft. Depth of ditches inches | |
| French Drain: Linear feet required Depth of gravel | |
| No wastewater system shall be covered or placed into you le | |
| 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 | 4-14-65 |
| | Date |