HAR 'T COUNTY HEALTH DEPARTN

HTE 05-5-11602

IMPROVEMENT PERMIT

21728

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) JAson Botten Property Location: SR# 1450 BALL Rd. Repairs Nitrification Line Lot # 42 Subdivision Hidden Valley Quadrant # Tax ID # Number of Bedrooms Proposed: J Lot Size: 1.00 4c Garage: Basement with Plumbing: Public Well ☐ Community Water Supply: Distance From Well: 50 mm ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. **T** Conventional Other Type of system: Pump Tank: gallons Size of tank: Septic Tank: 1000 gallons Subsurface No. of exact length width of depth of ditches/8-24 in. of each ditch /00 ft. Drainage Field ditches ditches French Drain Required: _____Linear feet This permit is subject to revocation if site plans or intended use change. Environmental Health Specialist * Maintain all retherker * Rua ditches on contour

HARNETT (JNTY DEPARTMENT OF PU IC HEALTH AUTHORIZATION TO CONSTRUCT

uthorization is hereby given to construct a wastewater system to the specifications described by arnett County Department of Public Health, Improvement Permit # 2172 . This other restriction shall be valid for a period net to exceed for (5)
ithorization shall be valid for a period not to exceed five (5) years from the date of issuance. his authorization will be invalid if ownership, site plans, or intended use change.
JASON Botter 919 278 8790 Telephone #
22/2 Stenerose Circle Religh, N. C. 27606
Deperty Location SR# Road Name
Road Frame
Edgen Valley 42 3 /.064c bdivision Lot # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
New Installation [] Repair [Septic Tank [Nitrification Lines
Conventional [] Other
Basement [] With Plumbing [] Without Plumbing
ater Supply: [] Well [Public Water Supply Minimum Well Setback: 50 Ft.
eptic Tank gal Pump Chamber gal
NITRIFICATION FIELD SPECIFICATIONS
umber of fields # of lines per field 4 Length of lines /00 Ft.
idth of ditches ft. Depth of ditches inches
ench Drain: Linear feet required Depth of gravel
o wastewater system shall be covered or placed into use by any person until an inspection by the arnett County Health Department has determined that the system has been installed according to e conditions of the Improvement Permit and that a valid Operations Permit has been issued.
Ju Moin R.S. 3/20 /2005
gnature of Authorized Agent for Harnett County Date