HAI TT COUNTY HEALTH DEPART! T

HTE ()5-50011826

IIVIPROVEMENT PERMIT

21824

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) STeve JERNison (SOK Homes) Septic Tank Property Location: SR# Repairs Nitrification Line Subdivision CRESTURES+ __ Lot # 172 Garage: 💆 Basement with Plumbing: ☐ Community Water Supply: Distance From Well: ______ ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system: Septic Tank: 1000 gallons Pump Tank: gallons Size of tank: exact length width of depth of of each ditch 400 ft. ditches 3 ft. ditches 18 in. Subsurface No. of Drainage Field ditches French Drain Required: Linear feet Date: 04-12-55
Signed: 9-401
Environmental Health Specialist This permit is subject to revocation if site plans or intended use change. 225' 38 98 33R 148 57241 Montainiede DRIVE 43 Meet onsite for Final Layot.
May use 25% Reduction system if Needed

AUTHORIZATION TO CONSTRUCT

authorization shall be va	lid for a period	not to exceed five (tem to the specifications depends the specific term of the specific at the spe	lescribed by This
This authorization will struct Terning				suance.
Name			Telephone #	
Address				
1115			2	
Property Location SR#			Road Name	
CROTURE	172	3(52,45	2 2 Ac	
Subdivision	Lot#	# Bedrooms Propose	d Lot Size	
	TY	YPE OF SYSTE	M	
New Installation [
Conventional [] Other		A Mullication Lines	
[] Basement [] With				
Water Supply: [] Well	Public	Water Supply Minis	num Well Setback: 5	C) Ti
Septic Tank 1000				
NI		ON FIELD SPE		
Number of fields	# of lines	per field	Length of lines) TA
Width of ditches	ft. Depth	of ditches \(\text{\gamma}	inches	Ft.
French Drain: Linear fe	et required	Depth of gray	vel	
-		1 8.0		
No wastewater system s	hall be covered	or placed into use by	y any person until an inspec	
Harnett County Health I the conditions of the Im	Department has opposed provement Perm	determined that the anit and that a valid C	y any person until an inspec system has been installed a perations Permit has been	ction by the ccording to issued.
(100	100			
Signature of Authorized Ag	ent for Harnett Cour	nty	04-12-05	
1			Date	