HARN COUNTY HEALTH DEPARTMI

HTE 05-5-12209

IMPROVEMENT PERMIT

22027

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 Jennican New Installation Septic Tank Property Location: SR#_1435 TAZARIO Repairs Nitrification Line Subdivision Plantation At VINGyand Green Lot # 27 Tax ID# Ouadrant # Number of Bedrooms Proposed: 3 Lot Size: -64 Basement with Plumbing: Garage: ☐ Well Public ☐ Community Water Supply: 50' ft. Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. NOther 25% Reduction System Pup to MANCHER Conventional Type of system: Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons Subsurface exact length No. of width of of each ditch 80 ft. Drainage Field ditches 3 ditches 5 ft. ditches 20 French Drain Required: ____ Linear feet Signed. Environmental Health Specialist This permit is subject to revocation if site plans or intended use change. Supply LINE DOSE ITUGAL ISON LANE

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AU' ORIZATION TO CONST. CT

Harnett County Department of Public Health, Improvement Permit # 22027. This authorization shall be valid for a period not to exceed five (5) years from the last of the specifications described by
This authorization will be invalid if ownership, site plans, or intended use change.
STEVE TERNIGAN Name 919-625-0363 Telephone # Address Address N.C. 27669
4609 Forest Highland DR RATERAL N.C. 77604
Property Location SR#
Subdivision Lot # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
[New Installation [] Repair [Septic Tank [] Nitrification Lines
[] Conventional [+Other 25% of duction Man of 13/5
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well [] Public Water Supply Minimum Well Setback:Ft.
Septic Tank gal Pump Chamber gal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field Length of lines 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 use by any person until an inspection by the Harnett County Health Department has determined that 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.
James & Marhant ocos
Signature of Authorized Agent for Harnett County

Date