

HTE 05-5-12216

IMPROVEMENT PERMIT

22030

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) JACKSON + Angela Patrick New Installation Septic Tank
Property Location: SR# 1451 WADA STEPHENSON Repairs Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 4 Lot Size: 5.20 acre

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 50' ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

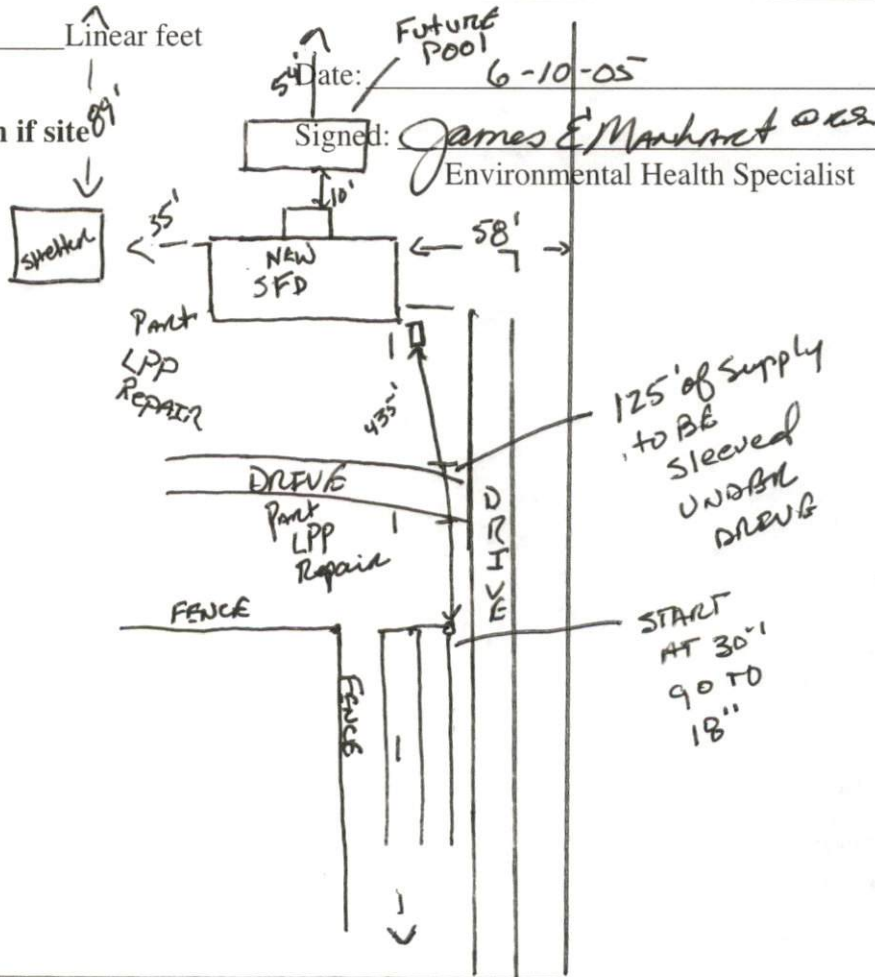
Type of system: Conventional Other _____

Size of tank: Septic Tank: 1200 gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 3 exact length of each ditch 120 ft. width of ditches 3 ft. depth of ditches 30-18 in.

French Drain Required: - Linear feet

This permit is subject to revocation if site plans or intended use change.



← OUT TO SR 1451 ← BJ LANE

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH
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 # 22030. 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.*

Name Jackson + Angela Parrish Telephone # (719)-557-0821

Address 500 WADE STEPHENSON RD Holly Springs NC 27540

Property Location SR# 1457 Road Name WADE STEPHENSON

Subdivision _____ Lot # 4 # Bedrooms Proposed _____ Lot Size 5.20 acres

TYPE OF SYSTEM

New Installation Repair Septic Tank Nitrification Lines

Conventional Other _____

Basement With Plumbing Without Plumbing

Water Supply: Well Public Water Supply Minimum Well Setback: _____ Ft.

Septic Tank 1200 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 2 # of lines per field 3 Length of lines 120 Ft.

Width of ditches 3 ft. Depth of ditches 30-18 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 system has been installed according to the conditions of the Improvement Permit and that a valid Operations Permit has been issued.

James E. Markant
Signature of Authorized Agent for Harnett County

6-10-65
Date