HARNET OUNTY HEALTH DEPARTMEN

HTE 05-5-12242

IMPROVEMENT PERMIT

21978

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) Jo Johnson DIF Construct. on Inc. New Installation & Septic Tank Property Location: SR# 1441 Chaly beate Repairs Nitrification Line Subdivision Cost Link Lot # 56 _____Quadrant # _____ Tax ID# Number of Bedrooms Proposed: 3 Lot Size: 576 Ac Basement with Plumbing: Garage: Public ☐ Community ☐ Well Water Supply: Distance From Well: 502 ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. FOther 25 % leduction System Type of system: Conventional Size of tank: Septic Tank: /৩০ 0 gallons Pump Tank: gallons Subsurface No. of exact length

of each ditch 300 ft. exact length width of depth of ditches 18 in max Drainage Field ditches ditches I ft. French Drain Required: Linear feet This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist * Mointain all set backs * I sa ditches on contour Crostine Dr. Hospe 50 X50 186 38-106

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUT ORIZATION TO CONSTICT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 21977 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 OTF Court of 2
Address Address W.C. 27526
Property Location SR# Road Name
Subdivision Lot # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
[] New Installation [] Repair [] Septic Tank [] Nitrification Lines
[] Conventional [] Other 25% hadret well for
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well [Public Water Supply Minimum Well Setback: 50 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 MAX
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.
1

Signature of Authorized Agent for Harnett County