HTE 05-5-12372R

IIVIPROVEMENT PERMIT

21981

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) Marshall Johnson Controling Mew Installation & Septic Tank Property Location: SR# 2005 Br. ck M. 11 Ld.

Repairs Nitrification Line Subdivision Coffee fore ____ Lot # 3/ _____ Quadrant # _____ Tax ID # Number of Bedrooms Proposed: Lot Size: "5 f Ac Garage: Basement with Plumbing: Public Water Supply: ☐ Well Community Distance From Well: ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Other 25 % Reduction System Conventional Type of system: Septic Tank: 1000 gallons Pump Tank: gallons Size of tank: exact length Subsurface No. of width of depth of ditches 18-20 in. ditches 3 of each ditch / 00 ft. Drainage Field ditches 3 ft. French Drain Required: Linear feet This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist * Mai stain all set back *Runditcher on contour + No DEEPEL Ha 20: 10 198

HARNETT COUNTY DEPARTMENT OF PI LIC HEALTH AL _IORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 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.
Marshell Johnse Confluction 919 4277111 Telephone #
Address Banne Elk Rd. Beven N.C. 27504
Property Location SR# Br.ck M.11
Road Name Colffee State 31 3 Subdivision Lot # # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
[New Installation [] Repair [] Septic Tank [] Nitrification Lines
[] Conventional [] Other 25 1/2 Ladet on System
[] 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 system has been installed according to the conditions of the Improvement Permit and that a valid Operations Permit has been issued.
Signature of Authorized Agent for Harnett County Date