HTE 05-5-12492

IMPROVEMENT PERMIT

21982

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) Joe Mirriello ew Installation Septic Tank Property Location: SR#2005 BrickMill Ld. Nitrification Line Subdivision MC _Lot # _ / Tax ID# Quadrant # Lot Size: 2.398 Ac Number of Bedrooms Proposed: Basement with Plumbing: Garage: Public 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. Conventional Other Type of system: Septic Tank:/200 gallons Size of tank: Pump Tank: exact length Subsurface No. of width of depth of ditches / 1-20 in. ditches 5 of each ditch //O ft. Drainage Field ditches v Linear feet French Drain Required: Date: This permit is subject to revocation if site Signed: / plans or intended use change. Environmental Health Specialist + Maintain all set backs *Londitches on contour + NO DEEPER than 20 inch * Contour & system layout 153 may differ from drowing 78 485 251 * Not to Scale Brick Mill Ad

HARNETT UNTY DEPARTMENT OF PUTLIC HEALTH AU HORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by
Harnett County Department of Public Health, Improvement Permit # 21972. 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 814 7069
Name 103 Shelly Dirve Don, N.C. 28734 Address
Address Address
Property Location SR# Road Name
Property Location SR# Road Name
McLead D. V. S. 4 2.39 F. Ac Subdivision Lot # Bedrooms Proposed Lot Size
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: 50 Ft.
Septic Tankgal Pump Chambergal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field # Length of lines # 1/0 Ft.
Width of ditches ft. Depth of ditches inches
French Drain: Linear feet required Depth of gravel
No westowator existent at 111
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 Provided that the system has been installed according to
the conditions of the Improvement Permit and that a valid Operations Permit has been issued.
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Lun Misia R.S.
Signature of Authorized Agent for Harnett County Date