## HTE 05-5-12835

## HARNETT COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT

22190

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) Brian Johnson builders we will be a septic tank of the permit form the Harnett County Health Department."

New Installation Septic Tank

Property Location: SR# 1457, January Repairs

Name: (owner) BRIAN Johnson Buildens The	New Installation	Septic Tank
Property Location: SR# 1452 Truelove	☐ Repairs	Nitrification Line
Subdivision Taylor Poznt  Tax ID #  Number of Bedrooms Proposed: 3 30000 Lot Size	Lot #	3
Tax ID #	Quadrant #	
Number of Bedrooms Proposed: 3 360670 Lot Size	e: <i>44</i>	
Basement with Plumbing: Garage:		
Water Supply: ☐ Well ☐ Public ☐ Community		
Distance From Well:ft.		
Following is the minimum specifications for sewage disposal system to final approval.		
Type of system:	oction Jysten	
Size of tank: Septic Tank: 1000 gallons Pump T		
	width of ditchesft.	
	8-24-05	
This permit is subject to revocation if site Signed:	James & Ma	what was
plans or intended use change.  SR 1407 WADE STEPH	Environmental He	ealth Specialist
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#05-5-12835

## HARNETT COUNTY DEPARTMENT OF PUT IC HEALTH AU [ORIZATION TO CONST...JCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 22190 . 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.		
Brian Johnson Builders Fre 639-3714  Name Telephone #  635 Chisental/ IDD Angier N.C. 27501		
1452 Trueloge roperty Location SR#  Road Name		
Subdivision Lot # Bedrooms Proposed Lot Size		
TYPE OF SYSTEM		
[ New Installation [ ] Repair [   Septic Tank [ ] Nitrification Lines		
[] Conventional [JOther 25% Reduction 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 Z Length of lines /75 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		