HTE 05-5-12836

IIviPROVEMENT PERMIT

22191

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 INC New Installation Septic Tank Property Location: SR# 1457 Truelove RD Repairs Nitrification Line Lot # ___**4** Subdivision Taylor Post Tax ID # Number of Bedrooms Proposed: Basement with Plumbing: Garage: Public ☐ Well Water Supply: Community 50' ft. Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional Other 15% neduction System Type of system: Septic Tank: 1000 gallons Pump Tank: gallons Size of tank: Subsurface No. of exact length width of depth of No. of exact length ditches 2 ft. width of ditches 3 ft. ditches 20 118 in. Drainage Field French Drain Required: - Linear feet Date: 8-24-05 Signed: Maskand
Environmental Health Specialist This permit is subject to revocation if site r intended use change. * STEPDONNS WILL BE SIZ1407 WADE STEPHENSON Lot 3 19'

HARNETT COUNTY DEPARTMENT OF PUTIC HEALTH AU__ORIZATION TO CONSTRUCT

Harnett County Department of Public Health, Improvement Pe	ermit # 22 19 1
authorization shall be valid for a period not to exceed five (5) This authorization will be invalid if ownership, site plans, or	years from the date of issuance. intended use change.
Brian Johnson	435 ···
Name Tolwson	635 - 5714 Telephone #
Address Chisenhall 12D Angien N.C	
Property Location SR#	Truelove
Property Location SR#	Road Name
TANOR Point 4 3 36060	
Taylon Point 4 3 36060 Subdivision Lot # # Bedrooms Proposed	Lot Size
TYPE OF SYSTEM	
[New Installation [] Repair [Septic Tank []	Nitrification Lines
[] Conventional [Tother 25% Reduction Syste	
[] 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 Z # of lines per field Z L	ength of lines/2s - 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 an	
Harnett County Health Department has determined that the system the conditions of the Improvement Permit and that a valid Oper	tem has been installed account:
5-11	
James & Manhant our	8-24-05
Signature of Authorized Agent for Harnett County	Date