

HARNETT COUNTY HEALTH DEPARTMENT

HTE# 05-500 13240

IMPROVEMENT PERMIT 22329

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) Steve Jernigan (Self Home) New Installation Septic Tank Repair

Property Location: SR# 1115 Nitrification Line Expansion

Subdivision Crestview Lot # 236

Tax ID# _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (56x41) 340 sqd Lot Size: .54

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 50 ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: Conventional Other _____

Size of tank: Septic Tank: 1000 gallons ^{Tire chips on} Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 1 ft. exact length of each ditch 300 ft. width of ditches 3 ft. depth of ditches 18 in. ^{max}

French Drain Required: _____ Linear feet

Date: 10-24-05

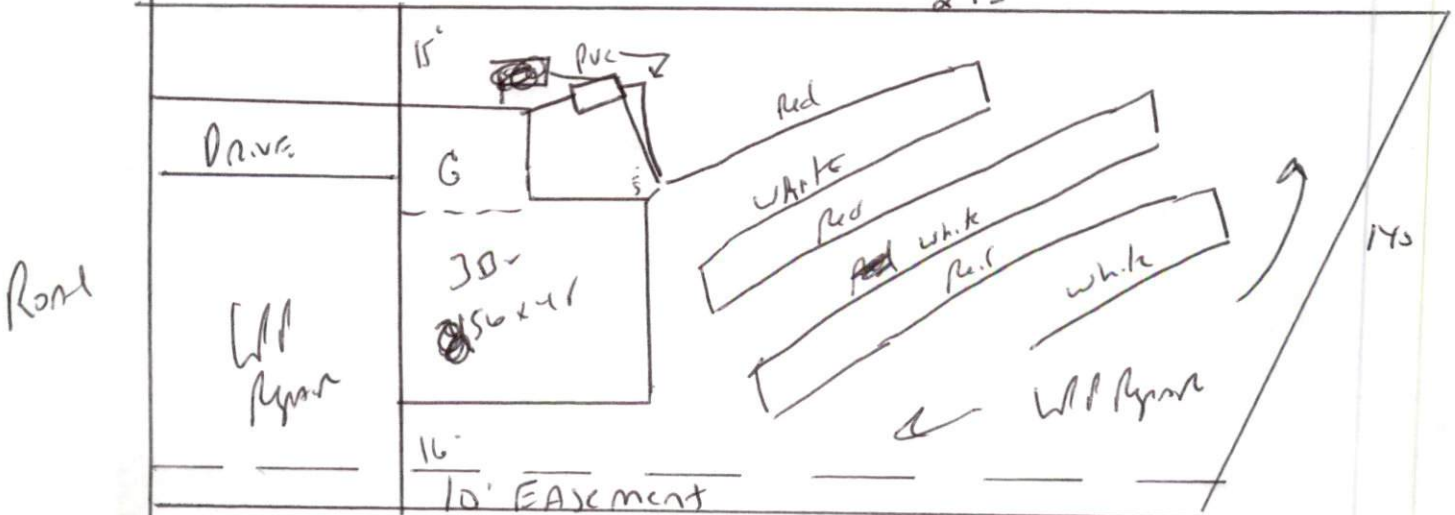
PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

This permit is subject to revocation if site plans or intended use change.

Meet onsite for final LAs

Signed: [Signature]
Environmental Health Specialist

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STAB out Plumbing shallow where shown maintain all set back

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 22329. 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.*

Steve Jernigan (Sole Home)
Name _____ Telephone # _____

Address _____

1115

Property Location SR# _____ Road Name _____

Crestview 236 3(56x41) (360 sqd) 50
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 Tank 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 20 Ft.

Width of ditches 3 ft. Depth of ditches 18mm 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.

Jon West RS _____ 10.24.05
Signature of Authorized Agent for Harnett County Date