IMPROVEMENT PERMIT 22936

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." New Installation Septic Tank A Repair Name: (owner) HeH cont. Property Location: SR# 1125 Nitrification Line Expansion Lot # 95 Subdivision FORENT DAK Tax ID# Quadrant # Number of Bedrooms Proposed: 3(50 x35) 765 C Lot Size: .35 A C Basement with Plumbing: Garage: Water Supply: Well Public Community Distance From Well: _____ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system:

Conventional Other Punts Conventional Size of tank: Septic Tank: 1005 gallons Pump Tank: 1005 gallons No. of ditches ft. of each ditch 200 ft. ditches ft. depth of Subsurface ditches 18.24 in. Drainage Field French Drain Required: Linear feet Date: 05-29-26 PERMIT EXPIRES 5 YEARS FROM ABOVE DATE This permit is subject to revocation if site plans or intended use change. Maintain All sitonis Signed: Environmental Health Specialist 145 DRIVE 13 91 84 13 171

ATTHORIZATION TO CON. RUCT

Harnett County Department of Public Health, Improvement Permit # 22 936	
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.	Thi
Name Const.	
Telephone #	
Property Location SR#	_
Forest Jakes 95 3(FJx75) 3(Jy75) 3(Jy75)	-
Lot Size	
New Installation [] Repair	. 4
[] Conventional Nother Pump To Conventional	* 4
[] Basement [] With Plumbing [] Without Plumbing	
Water Supply: [] Well Public Water Supply Minimum Well Setback: 50 Ft.	
Septic Tank gal Pump Chamber gal	
NITRIFICATION FIELD SPECIFICATIONS	
Number of fields # of lines per field Length of lines	
Width of ditches ft. Depth of ditches inches Ft.	
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.	
Jor West RS	1
Signature of Authorized Agent for Harnett County Date	ii R