06-5-1462512

## HARNETT COUNTY HEALTH DEPARTMENT MPROVEMENT PERSON

Nº 14305

IPROVEMENT PERMIT 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) STEPHENSEN Buldes New Installation Septic Tank SR# 1429 Chalphante 1215 Repairs Property Location: Nitrification Line Subdivision DEXTISACTED \_\_\_\_ Lot #\_ 67 Tax ID #\_ Ouadrant # Number of Bedrooms Proposed: 3BM 360 6PP Lot Size: 401 Basement with Plumbing: Garage: Public Community Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Other 25% neduction System Septic Tank: 1000 gallons Pump Tank: \_\_\_\_\_ gallons Size of tank: exact length width of depth of of each ditch 60 ft. ditches 3 ft. ditches 247/18 in. Subsurface No. of Drainage Field ditches French Drain Required: \_\_\_\_ \_\_\_\_ Linear feet This permit is subject to revocation if site plans or intended use change.

DEXTERPIELD

## 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 #   |                    |
|--|--------------------|
| Name  1187 N RALES ST Angien N.C.  |                    |
| 1187 N RALEES ST Argein N.C.   | 27501              |
| Property Location SR# Road N   | Napre              |
| DEXTRIPUD 67 360 GPP Subdivision Lot # Bedrooms Proposed   | . YO /<br>Lot Size |
| TYPE OF SYSTEM   |                    |
| [ New Installation [ ] Repair [ ] Septic Tank [ ] Nitrificat   | ion Lines          |
| [] Conventional [] Other 25% of 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 Length of li   | ines 60 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. |                    |
| 5.11 1 1811  |                    |
| Signature of Authorized Agent for Harnett County   | 5-c1-06<br>Date    |