HTE# 06-500 15/51

## **IMPROVEMENT PERMIT 23090**

construction o	ordained by the Harnett County Board of Health as follows: Section III, Item B. "No person shall begin f any building at which a septic tank system is to be used for disposal of sewage without first obtaining a written he Harnett County Health Department."
Name: (own	er) JAION PORE GOST. New Installation Septic Tank Repair
Property Loc Subdivision	Partion: SR#NC 27 W Nitrification Line Expansion Lot # 8  Quadrant #  Bedrooms Proposed: 3(46x52) 765 ppd Lot Size: 34402
Number of F	Bedrooms Proposed: 3(46x52) 760 wal Lot Size: 34402
Basement w	ith Plumbing: Garage: 🖾
Water Suppl Distance Fro Following is Subject to f	y:  Well Public Community om Well: ft. s the minimum specifications for sewage disposal system on above captioned property. inal approval.
Type of syst	em: Conventional De Other 25% Reduction system
	Septic Tank: 1000 gallons Pump Tank: gallons
Subsurface Drainage Fig	No. of exact length width of depth of depth of the ditches ft. of each ditch ft. of each ditches ft. ditches ft. ditches ft. ditches ft. ditches ft. ditches ft.
French Drain	n Required:Linear feet d25% Moduction 55, to
	Date:
	Signed: Ja Millian Environmental Health Specialist
103 V24y	Maria 34 54 101  Onive Ci  101
	Maintain All Set Back Must onite if problems or quotion, ARISE

## HARNETT COUNTY DEPARTMENT OF PURI IC HEALTH AUT ORIZATION TO CONSTE

Harnett County Department of Public Health, Improvement Permit # 23090. 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.		
Name		
Telephone #		
Address		
NC27W		
Property Location SR# Road Name		
Subdivision Lot # Bedrooms Proposed Lot Size		
New Installation [ ] Repair Septic Tank Nitrification Lines		
[ ] Conventional MOther 25% Reduction SYSTEM		
[ ] 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 Property Pro		
Number of fields # of lines per field Length of lines /5 Ft.  Width of ditches ft. Depth of ditches / / inches inches		
French Drain: Linear feet required Depth of gravel_		
No wastewater system shall be covered or placed into a state of the system shall be covered or placed		
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.		
Significant for Use of Authorized Assert for Use 48		
Signature of Authorized Agent for Harnett County		

Date