COUNTY HEALTH DEPARTMEN

IMPROVEMENT PERMIT 23195

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) Joseph Brett Alka New Installation Septic Tank Repair Property Location: SR# 1237 Gr. Fa. Cl. Nitrification Line 🗷 Expansion 🗖 Lot #____ Subdivision — Tax ID#

Number of Bedrooms Proposed: 2(6)x90) 240 gpd

Lot #

Number of Bedrooms Proposed: 2(6)x90) 240 gpd

Lot Size: 18.3 Ac

Basement with Plumbing: Garage: Please note That The smallest

Water Supply: Well Public Community STITEM That I can size is 2Bed Ross

Distance From Well: 50 ft. So Therefore STITEM is for 2 Bed Ross

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system: Conventional Other Purp to Conventional Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons Subsurface No. of exact length width of depth of the ditches fr. of each ditch fr. ditches fr. ditches in. French Drain Required: Linear feet Date: 08-17-36 PERMIT EXPIRES 5 YEARS FROM ABOVE DATE This permit is subject to revocation if site plans or intended use change. Mretonite For Final Lajout Signed: 9- WM/
Environmental Health Specialist

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AUTHORIZATION TO CONST JCT

Harnett County Department of Public Health, Improvement Permit # 23 55 This authorization will be invalid if ownership, site plans, or intended to
This authorization will be invalid if ownership, site plans, or intended use change. This Name This authorization will be invalid if ownership, site plans, or intended use change.
Telephone #
Address
Property Location SR# Road Name
Subdivision Lot # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
New Installation [] Repair Septic Tank Nitrification Lines [] Conventional Nother Pump To Conventional
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well Public Water Supply Minimum Well Sethada 50
Septic Tank gal Pump Chamber gal gal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field Township St.
Width of ditches ft. Depth of ditches inches
French Drain: Linear feet required Depth of gravel
No wastewater system shall be
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
Signature of Authorized Agent for Harnett County Difference Date