IMPROVEMENT PERMIT 22596

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) Jephenson Builder, Inc. New Installation Septic Tank Repair
Property Location: SR# 1439 Wed Dening Rd. Nitrification Line Expansion Denty Lot # 19
Tax ID# Quadrant #
Tax ID# Quadrant # Number of Bedrooms Proposed: 3 (360 god) Lot Size: 579 Ac
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.
Type of system: Conventional Other 25 % Reduction System
Type of system: Conventional Other 25 % Reduction System
Size of tank: Septic Tank: gallons Pump Tank: gallons
Subsurface No. of exact length width of depth of Drainage Field ditches / ft. of each ditch of t. ditches ft. ditches ft. ditches
French Drain Required:Linear feet Date: /0 //7/2006
This permit is subject to revocation if site plans or intended use change. PERMIT EXPIRES 5 YEARS FROM ABOVE DATE
Y Maintain all retbacks Signed: Super Missing C.S. Environmental Health Specialist
Tike permit shows
* If system cannot be installed or shown DO NOT 101 2/3/4-5-6-135, Reduction Area 11/10/43
Install 40 to
Line Lengths (April)
2-60 3-81 * Ecisting well 35:00
4-27 to be filled in see attachment Rd. (E)
* Call before installing

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 # 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.
Stepheren Beilder, Fre. 919 427 8654 Name Telephone #
Address N. Raleigh St. Angio, N. (.27501
Property Location SR# Road Name
Adams Per ate 19 3 (360 gal) 579 fc Subdivision Lot # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
[New Installation [] Repair [] Septic Tank [] Nitrification Lines
[] Conventional [JOther 25% Reduction
[] 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 lines 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.
Mignature of Authorized Agent for Harnett County Date