H NETT COUNTY HEALTH DEPAI

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0 18451

IMPROVEMENT 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) J.C. Johnson JR Ne	w Installation
Property Location: SR# 1709 Hodges Chapel Re	pairs Nitrification Line
Subdivision Greystone	Lot #9
Tax ID # Qua	ndrant #
Number of Bedrooms Proposed: 4 Lot Size:	,57
Basement with Plumbing: Garage:	
Water Supply:	
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 Pup to	overland
Size of tank: Septic Tank: 1200 gallons Pump Tank	
Subsurface No. of ditches exact length of each ditch 133 ft. ditches	of depth of ditches 17 in.
French Drain Required: Linear feet	
This permit is subject to revocation if site plans or intended use change. Date: Signed: Envi	0110 1 100
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#101-5000ZZZ1

AU I HORIZATION TO CONSTRUCT

Owner or Authorized Agent
Name: J.C. Johnson, Ja Telephone # 939-2726
Address: 341 Sonzy Rd Clayton N.C. 77570
Property Location: SR# 1785 Road Name Halle Chope
New Installation Repair Septic Tank Nitrification Lines
Subdivision Gree Store Lot # 9
Subdivision
Basement With Plumbing Without Plumbing
Water Supply: Well Public Minimum Well Setback: ft.
Type of System: Conventional Other
Tank Volume: Septic Tank 1760 gallons Pump Chamber 1260 gallons
Nitrification Field Specifications
Number of fields Z Number of Lines per Field 4 Length of lines 133
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.
Authorized Agent for Harnett County Health Department
Name: One E Malores Date: 6-27-07 (Revised 2/96) CNSTRCT WPD
(Revised 2/96)CNSTRCT.WPD