02-5-4359

H. ETT COUNTY HEALTH DEPAR

ENT

(TO HWY 401

Nº 19120

IIVIPROVEMENT PERIVIT

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."

| from the Harnett County Health Department." | | |
|--|----------------------------------|-------------------------|
| Name: (owner) ROBERT JONES | New Installation | Septic Tank |
| Property Location: SR# HWY 401 | ☐ Repairs | Nitrification Line |
| Subdivision DONNIBROOK | Lot | #_8 |
| Tax ID # | Quadrant # | |
| Number of Bedrooms Proposed: Lo | | |
| Basement with Plumbing: Garage: | | |
| Water Supply: Well Public Community | | |
| Distance From Well: ft. | | |
| Following is the minimum specifications for sewage disposal system approval. Type of system: Conventional Other | | |
| Size of tank: Septic Tank: 1000 gallons Pu | mp Tank: gal | llons |
| Subsurface No. of exact length Drainage Field ditches 4 of each ditch | width of de de de ditches ft. di | epth of tches 18-20 in. |
| French Drain Required: Linear feet | | |
| This permit is subject to revocation if site signed: MAINTAIN ALL SETBACKS Date: Signed: | Environmental Hea | lth Specialist |
| * IF DITCH DEPTHS CANNOT BE MAINTAINED A PUMP MAY BE REQUIRED 250' | INNOV. REAIR | |
| | -90'-50' _x 38' | |

I IETT COUNTY HEALTH DEPARTME AU ... IORIZATION TO CONSTRUCT

| Harnett County Health Department, Improvement Permit # \\[\frac{1}{2} \] . 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. | | | | |
|--|---------------------------------------|---------------------|----------|--|
| ROBERT JONES | | 910-814-0383 | | |
| Name | Telephone # | | | |
| PO Box 183 Buies C | REEK NC | 27506 | | |
| Address | | | | |
| Hwy 40) Property Location SR# | · · · · · · · · · · · · · · · · · · · | Dood No. | | |
| _ | 0 | Road Name | | |
| DONNIBROOK Subdivision | 8 Lot # | # Bedrooms Proposed | Lot size | |
| * | | 4 0 x= 500 | Lot size | |
| TYPE OF SYSTEM New Installation [] Repair Septic Tank Nitrification Lines Conventional Other | | | | |
| | | | | |
| [] Basement [] With Plumbing [] Without Plumbing | | | | |
| Water Supply: [] Well Public - Minimum Well Setback: 100 Ft. | | | | |
| NITRIFICATION FIELD SPECIFICATIONS | | | | |
| Number of fields # of lines per field Hength of lines OF Ft. | | | | |
| Width of ditches 3 ft. Depth of ditches 18-26 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. | | | | |
| Signature of Authorized Agent for Harnett County Date | | | | |