#02-5-4643

HARNETT C

NTY HEALTH DEPARTMENT

19187

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." But Hers New Installation Septic Tank Name: (owner) Jahn Property Location: SR#_ ☐ Repairs Nitrification Line Subdivision Monthlet Lot # 35 Quadrant # Tax ID #_ Lot Size: 1/Acce Number of Bedrooms Proposed: ___ Basement with Plumbing: Garage: Water Supply: Well Public Public ☐ Community Distance From Well: ____ Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional Type of system: Other Septic Tank: 1000 gallons Pump Tank: _____ gallons Size of tank: Subsurface exact length width of depth of of each ditch ft. ditches ft. depth of ditches ft. Drainage Field ditches French Drain Required: _____ Linear feet This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist IMBER CREEK NH HOME

HA IT COUNTY HEALTH DEPARTMENT AUT ORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 19187. 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.					
Whatte down Builden			919-594	1-5531	
Name			Telephone #		
Name 1055 TILGHMAN RIS Address	DUNN	N.C.	78334		
US 421 Property Location SR#					
Mynthe wood Subdivision	25	3	Road Name	,7/	
Subdivision	Lot #	# Bedrooms	Proposed	Lot size	
TYPE OF SYSTEM					
New Installation [] Repair [Septic Tank [Nitrificiation Lines					
[Conventional Other [] Basement [] With Plumbing [] Without Plumbing					
Water Supply: [] Well [Public - Minimum Well Setback: 5 0 / Ft. Septic Tank / 1000 Pump Chamber					
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.					
Signature of Authorized Agent for Harnett County	T Ris.	5-17 Date	-02		