02.5-4668

HARNETT COUNTY HEALTH DEPARTMENT

Nº 13876

IMPLOVEMENT 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) Jany Jackson Home Builden PNew Installation Septic Tank Property Location: SR# 421 Nitrification Line ☐ Repairs Subdivision Myrtle Wood Lot # 34 Tax ID # Ouadrant # ____ Lot Size: 76 Ac Number of Bedrooms Proposed: 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. Subject to final approval. Type of system: Conventional Other ____ Septic Tank: ____ gallons Pump Tank: ____ gallons Size of tank: Subsurface No. of exact length width of depth of of each ditch 75 ft. ditches ft. ditches 15-24 in. Drainage Field ditches French Drain Required: _____ Linear feet Date: _ This permit is subject to revocation if site Signed: _ plans or intended use change. Environmental Health Specialist * Maintain all setbacks + hunditakes on 227 contour as clasas 1055: ble Creen Forest C.

HAI T COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONSTRUCT

| Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # /3 87 . 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. | |
|--|------------------------------|
| TAMES JACKSON Brilder | 897-55767 |
| Name Name | 897-5763 Telephone # |
| 436 Oak Valley Fam Rd. Coofs, N. | |
| Property Location SR# | Road Name |
| | |
| My He Vocal 24 Subdivision Lot # | 3 .76 Ac |
| 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:Ft. Septic Tank Pump Chamber NITRIFICATION FIELD SPECIFICATIONS | |
| Number of fields # of lines per field Length of lines Ft. | |
| Width of ditches 3 ft. Depth of ditches $18-24$ 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 | 5/17/2002 Date |