H ETT COUNTY HEALTH DEPAR No 19467

IMPROVEMENT PERMIT 02-5-4907 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) (5A)) New Installation Septic Tank Property Location: SR# Nitrification Line ☐ Repairs Subdivision STONE CROSS ____ Lot # Tax ID #____ Ouadrant # Number of Bedrooms Proposed: 3(71x30) Lot Size: 4AC 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. Type of system: Conventional Other Septic Tank: OSS gallons Size of tank: Pump Tank: _____ gallons Subsurface exact length of each ditch 80 ft. ditches 3 ft. depth of depth of ditches No. of ditches 3 depth of | Drainage Field French Drain Required: _____ Linear feet This permit is subject to revocation if site plans or intended use change. Environmental Health Specialist STUB Out Phonbing As high As Possible And As Clax To Lot 12/12/13 Prop & Lin As Possible 171 Mut anite 17 Mantain All Set Backs 3BR 7/1×50 Follow Contours DO not DRIVE or pARK on septic system

10 SR1120

H ETT COUNTY HEALTH DEPARTMENT AU ...ORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 19 467. 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.
BAJS Built Homes 864-1253
Name Telephone #
Address 120
Property Location SR# Road Name
STONE Cross 13 3(71x35) " 4 Ac
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: 50 Ft. Septic Tank 000 Pump Chamber
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field Length of lines Ft.
7
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.
()2 LAM 6-26.02
Signature of Authorized Agent for Harnett County Date