03-5-5100

HARNETT COUNTY HEALTH DEPARTMENT

IMPOVEMENT PERMIT

Nº 13893

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." New Installation Septic Tank Name: (owner) JAMES JACKSON Property Location: ☐ Repairs ☐ Nitrification Line Subdivision Lot # 235 Tax ID #__ _ Ouadrant #_ Lot Size: 57Ac Number of Bedrooms Proposed: Basement with Plumbing: Garage: Water Supply: Public ☐ Well 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: 1000 gallons Size of tank: Pump Tank: _____ gallons Subsurface No. of exact length width of depth of of each ditch 60 ft. ditches 7 ft. ditches 6-24 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 146 * Maintin all retbacks * Rum ditches on conteur 224 207 50 V DLA: - wood Pr.

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 # 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. |
|--|
| Jang Jackson 897-55-63 |
| Name R97-55-67 Telephone # |
| 436 Oak Valley from Ld. Contr. NC 27521 |
| 1443 Latwelle |
| Property Location SR# Road Name |
| Victoria H: 1/5 II 275 3 ,574c |
| Subdivision Lot # # Bedrooms Proposed Lot size |
| TVDE OF CVCTEM |
| 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 4 Length of lines 60 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 Date |