HARNI COUNTY HEALTH DEPARTME

IMPROVEMENT PERMIT

№ 19430

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) Steve Jenigan	New Installation	Septic Tank
Property Location: SR#	Repairs	Nitrification Line
Subdivision CRESTUREW	Lot	# 104
Tax ID #	Quadrant #	
Number of Bedrooms Proposed: 3(42x54)	Lot Size: YOAC	
Basement with Plumbing: Garage: \(\)		
Water Supply: Well Public Communic		
Distance From Well:ft.		
Following is the minimum specifications for sewage disposal final approval. Type of system: Conventional Other		
Size of tank: Septic Tank: 1000 gallons	Pump Tank: ga	llons
Subsurface No. of ditches 3 exact length of each ditch		
French Drain Required: Linear feet	10-18.53	
This permit is subject to revocation if site Date:	6-18-23 1: Ja Ldes	
plans or intended use change.	Environmental Hea	lth Specialist
162		
410 110	57	4B out Plumbing
1 1 1		allou
7 10 50 Wingain 3.) / n	Maintain all
38		Set BACK,
30R	^ / //	Do not DRIVE
42454	36° 4	of park on
	00 19	al in the
	1/8	ptic system
Pyrain 36')	
129		
LTS SRIIIS PL		
6		

HARNETT 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 will be invalid if ownership, site plans, or intended use change.		
Stevi Janigan		
Name Telephone#		
Address		
Property Location SR# Road Name		
Property Location SR# Road Name (20) turw (04) 3 42154) Road Name		
Subdivision Lot # Bedrooms Proposed Lot Size		
TYPE OF SYSTEM		
New Installation [] Repair Septic Tank [Nitrification Lines		
Conventional [] Other		
[] Basement [] With Plumbing [] Without Plumbing		
Water Supply: [] Well Public Water Supply Minimum Well Setback:Ft.		
Septic Tank / 000 gd Pump Chamber / 000 god		
NITIRFICATION FIELD SPECIFICATIONS		
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.		
(or Wall) 6-18-03		
Signature of Authorized Agent for Harnett County of Harnett Date		