#03-5-7569

HARNF'T COUNTY HEALTH DEPARTMF'

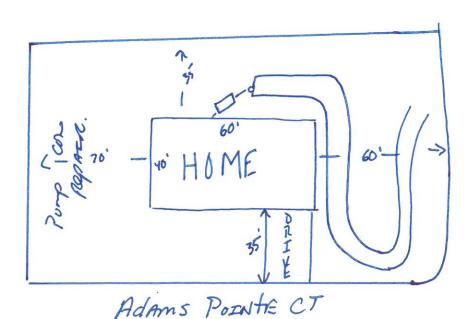
IMPROVEMENT PERMI

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) BRIAN Johnson Builders INC New Installation Septic Tank Property Location: SR# 1439 WED DENNING Repairs Nitrification Line Subdivision Adams Possite Lot # 2Z _____ Quadrant # _____ Tax ID #___ Number of Bedrooms Proposed: 3 Lot Size: , 576 mere Basement with Plumbing: Garage: 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 ____ Pump Tank: _____ gallons Size of tank: Septic Tank: 1000 gallons Subsurface No. of ditches 2 exact length width of depth of ditches 3 ft. ditches 243/8 in. depth of Drainage Field French Drain Required: _____ Linear feet Date: 8-6-03

Signed: Environmental Health Specialist This permit is subject to revocation if site

plans or intended use change.

* Maintai all Setbacks * System Lay out Mag CHANGE! * Pup May BE Regured.



HARNF COUNTY HEALTH DEPARTM T AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit #			
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.			
Name			Telephone#
Name 3660 Platavila CH Rd Address	Angsen	N.C. Z	7501
			8
Property Location SR#			NED DENVING Road Name
Afrons Porasta	2.2	7	Road Name
Subdivision	Lot # #	Bedrooms Proposed	1 ot Sim
			Lot Size
	TYPE OF SY		
[] New Installation [] Repair	[Septic Tank	[] Nitrificat	tion Lines
[] Conventional [] Other			
[] Basement [] With Plumbing [] Without Plumbing			
Water Supply: [] Well [] Public Water Supply Minimum Well Setback:Ft.			
Septic Tank 1000 gal	Pump Chamber		gal
NITIRFICATION FIELD SPECIFICATIONS			
Number of fields 2 # of lines per field 2 Length of lines _/50 Ft.			
Width of ditches 3 ft. Depth of ditches 29 > 18 inches			
French Drain: Linear feet required Depth of gravel			
No wastewater system shall be cover	ered or placed int		
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.			
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5 - 1 .	(0		*
Signature of Authorized Agent for Harnett C	weeks.		8-6-63 Date
Date			Date