## HARN

## COUNTY HEALTH DEPARTMI

IMPROVEMENT PERMIT

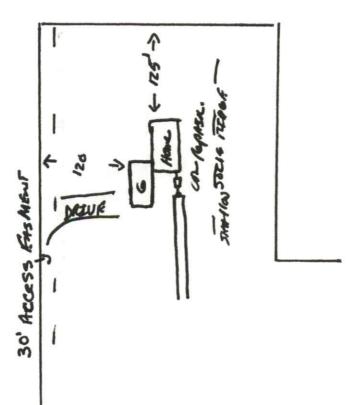
20761

HTE 04-5-0854RR

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 Bullers New Installation Septic Tank Property Location: SR# 1412 Chaistion Life Repairs Nitrification Line Subdivision Tax ID# Quadrant # Number of Bedrooms Proposed: Garage: Basement with Plumbing: Water Supply: **Z** Public ☐ Well ☐ Community Distance From Well: 50 Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional Other Type of system: Pump Tank: gallons Septic Tank: **/000** gallons Size of tank: Subsurface exact length No. of width of depth of ditches **Z** of each ditch **125** ft. ditches 3 ft. Drainage Field ditches 22-18 in. French Drain Required: \_\_\_\_ Linear feet

This permit is subject to revocation if site plans or intended use change.

igned Environmental Health Specialist



## HARNETT CC TY DEPARTMENT OF PUBI HEALTH AUTHORIZATION TO CONSTRUCT

Authorization is hereby Harnett County Departmanthorization shall be va <i>This authorization will</i>	nent of Public H lid for a period be invalid if ow	Health, Improvement F not to exceed five (5) wnership, site plans, or	Permit # <u>20761</u> years from the date of it r intended use change.	. This issuance.
BRIAN John Name  635 Chisen, Address	son Build	dens Ivc	<b>9/9-639</b> Telephone #	- 3714
Address Chistol	hall RD	Angion N.C	. 27501	
1412			Christen die	it-
Property Location SR#		0	Road Name	
Subdivision	Lot#	# Bedrooms Proposed	10.00 Lot Size	
		YPE 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: 100 Ft.				
Septic Tank	2 gal	Pump Chamber		gal
NITRIFICATION FIELD SPECIFICATIONS				
Number of fields # of lines per field Length of lines/25 Ft.				
Width of ditches ft. Depth of ditches inches				
French Drain: Linear feet required Depth of gravel				
No wastewater system of	all he covered	or placed into use by	any naraon until an in-	action but
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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Signature of Authorized Ager	nt for Harnett Cour	nty	Dat	1 <b>04</b>