HARNETT COUNTY HEALTH DEPARTMENT

Nº 15949

IMPROVEMENT PERMIT

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 Name: (owner) But Jones Septic Tank SR#_ 1521 Congony ROAD Repairs Nitrification Line Property Location: Lot # 3 Subdivision _____ Ouadrant # _____ Tax ID# Lot Size: / acre Number of Bedrooms Proposed: Basement with Plumbing: Garage: Water Supply: ☐ Well Public Community Distance From Well: 56' Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Other _____ Conventional Type of system: Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons Subsurface No. of exact length width of depth of exact length width of depth of of each ditch 100 ft. ditches 3 ft. ditches 18-22 in. Drainage Field ditches French Drain Required: _____ Linear feet This permit is subject to revocation if site plans or intended use change. Home to be Move sotheres HOME

HARN | COUNTY HEALTH DEPARTN | T | AUTHORIZATION TO CONST | JCT

Owner or Authorized Agent	
Name: But Joves	Telephone # 893 · 665 3
Address: 305 N 13th ST Callengton N.C. 27546	
Property Location: SR #	Road Name Gregory
	Septic Tank Nitrification Lines
Subdivision	Lot #3
Number of Bedrooms Proposed:	Lot size: / acce
Basement With Plumbing	Without Plumbing
Water Supply: Well Public	Minimum Well Setback: 50 ft.
Type of System: Conventional Other	
Tank Volume: Septic Tank gallons	Pump Chamber gallons
Nitrification Field Specifications	
Number of fields Number of Lines per	Field 3 Length of lines 100
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.	
Authorized Agent for Harnett County Health Department	
Name: James & Manford W. P. C. P. C. L. C.	Date: 5-4-99
(Revised 2/96)cnstrct.wpd	