## HARN COUNTY HEALTH DEPARTMF

## IMPROVEMENT PERMIT

Nº 17119

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) Jason Jones	New Installation	Septic Tank
Property Location: SR# 1705 OID Fainggovar	Repairs	Nitrification Line
Subdivision France Lee	Lot	#/- C
Tax ID #	Lot Size: 156 Ac	net-C
Basement with Plumbing: Garage: [	<b>-</b>	
Water Supply:  Well Public  Community	y	
Distance From Well:ft.		
Following is the minimum specifications for sewage disposal s final approval.		
Type of system: Conventional Other		
Size of tank: Septic Tank: 1000 gallons		
Subsurface No. of exact length of each ditch 100	width of de ft. ditches 3 ft. dit	pth of tches 18-70 in.
French Drain Required: Linear feet		
This permit is subject to revocation if site  plans or intended use change.  FDO NOT  RUN WATER  LINE ACROSS  Lot.  Signed:  18  18  18  18  18  18  18  18  18  1	5-1-00  Same E Many Environmental Heal  *Ma	harters.
L- OUT TO SR	1705 OID Fa	ieground

## HADNETT COUNTY HEALTH DEPARTMENT AUTI\_RIZATION TO CONS RUCT

Authorization is hereby given to construct a wastewater system to the specifications described

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. Owner or Authorized Agent \_\_\_\_\_ Name: Jason Jones Telephone # 897-4307 Address: 1149 But HAWKENS ROAD DUNN N.C. 28334 Property Location: SR # 1705 Road Name 610 FAELS ATTURNED New Installation \_\_\_\_ Repair \_\_\_\_ Septic Tank \_\_\_\_ Nitrification Lines \_\_\_\_ Number of Bedrooms Proposed: \_\_\_\_\_\_ Lot size: \_\_\_\_\_. 56 Basement \_\_\_\_\_ With Plumbing \_\_\_\_ Without Plumbing \_\_\_\_ Water Supply: Well \_\_\_\_ Public \_\_\_\_ Minimum Well Setback: \_\_\_\_ ft. Type of System: Conventional \_\_\_\_\_ Other \_\_\_\_ Tank Volume: Septic Tank 1000 gallons Pump Chamber \_\_\_\_\_ gallons **Nitrification Field Specifications** Number of fields 2 Number of Lines per Field 5 Length of lines 160 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 & MAN Latelle. Date: 5-1-00 (Revised 2/96)CNSTRCT.WPD