HARNETT COUNTY HEALTH DEPARTMENT

PROVEMENT PERI

Nº 13448

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)	J. B. Jorda	~		New Installation	ion Septic Tank
Property Location:	SR#_/4/2		N. S. C.	Repairs	Nitrification Line
Subdivision	J. B. Julan				Lot #_ 3
Tax ID #				Quadrant #	
Number of Bedroom	ms Proposed:	3	Lot	Size: 1. 194 ac	
Basement with Plui	mbing:	Gara	ge:		
Water Supply:	Well Publ	ic 🔲 Com	munity		
Distance From Wel	1:	_ ft.			
final approval.					ned property. Subject to
Type of system:					
Size of tank:					
Subsurface Drainage Field	No. of ditches/_	exact length of each ditch_	400 ft.	width of ditches _3 ft	depth of ditches 18-29 in.
French Drain Requi	red:			2-17-98	
This permit is subj plans or intended		LPP repair		Environmental	Health Specialist laintain Setbades onthector to meet on site prior to installing lostall on contour ostall system before MH is moved in
	Lot 2	system 2	4 5	sofice easement	

HARNETT COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONSTRUCT

0	T	7//				
Name:	Jo.B. Jerdan		Telephone # _ 557 - 3557			
Address:	1524 Christian	Light RI	Fuguer Varina NC 27576			
Property Location: SF	/4//2		Road Name Christian Cight			
New Installation	× Repair	_ Septic Tank	X Nitrification Lines X			
Subdivision	J. B. Joid	(h	Lot #3			
Number of Bedrooms P	roposed: 3	Lot size:	1.24ca			
Basement	With Plumbing	With	out Plumbing			
Water Supply: Well	Public	X Minimu	m Well Setback:ft.			
Type of System: Conver	ntionalY Oth	ier				
Tank Volume: Septic Ta	ank <u>/000</u> gallon	s Pum	p Chamber gallons			
	Nitrification	Field Specifica	ations			
Number of fields	_ Number of Lines po	er Field/_	Length of lines 400			
Width of ditches3	ft. Depth of ditcl	hes _18-24	_ inches			
French Drain: Linear feet required Depth of gravel						
Harnett County Health D	epartment has determ	ined that the s	ny person until an inspection by the ystem has been installed according to rations permit has been issued.			
Authorized Agent for Ha	rnett County Health D	epartment				
Name:	ones J. Boyce	R.S. Date:	2-17-98			
(Revised 2/96)CNSTRCT.WPD	/ /					