

IMPROVEMENT PERMIT

40000536

Name: (owner) Frank Stevens ☒ New Installation ☒ Septic Tank
Property Location: SR# NC 87 ☐ Repairs ☒ Nitrification Line

Subdivision Bryant Johnson Lot # 212

Tax ID # 0 Quadrant # 1.32 AC

Number of Bedrooms Proposed: 2 (12x65) Lot Size: 1.32 Ac

Basement with Plumbing: ☐ Garage: ☐ *Keep All Parts of Drain Field*

Water Supply: ☒ Well ☐ Public ☐ Community 50' Deep in well

Distance From Well: _____ ft.

Type of system: ☒ Conventional ☐ Other _____

Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface
Drainage Field

No. of
ditches 1

exact length
of each ditch 150 ft.

width of
ditches 3 ft.

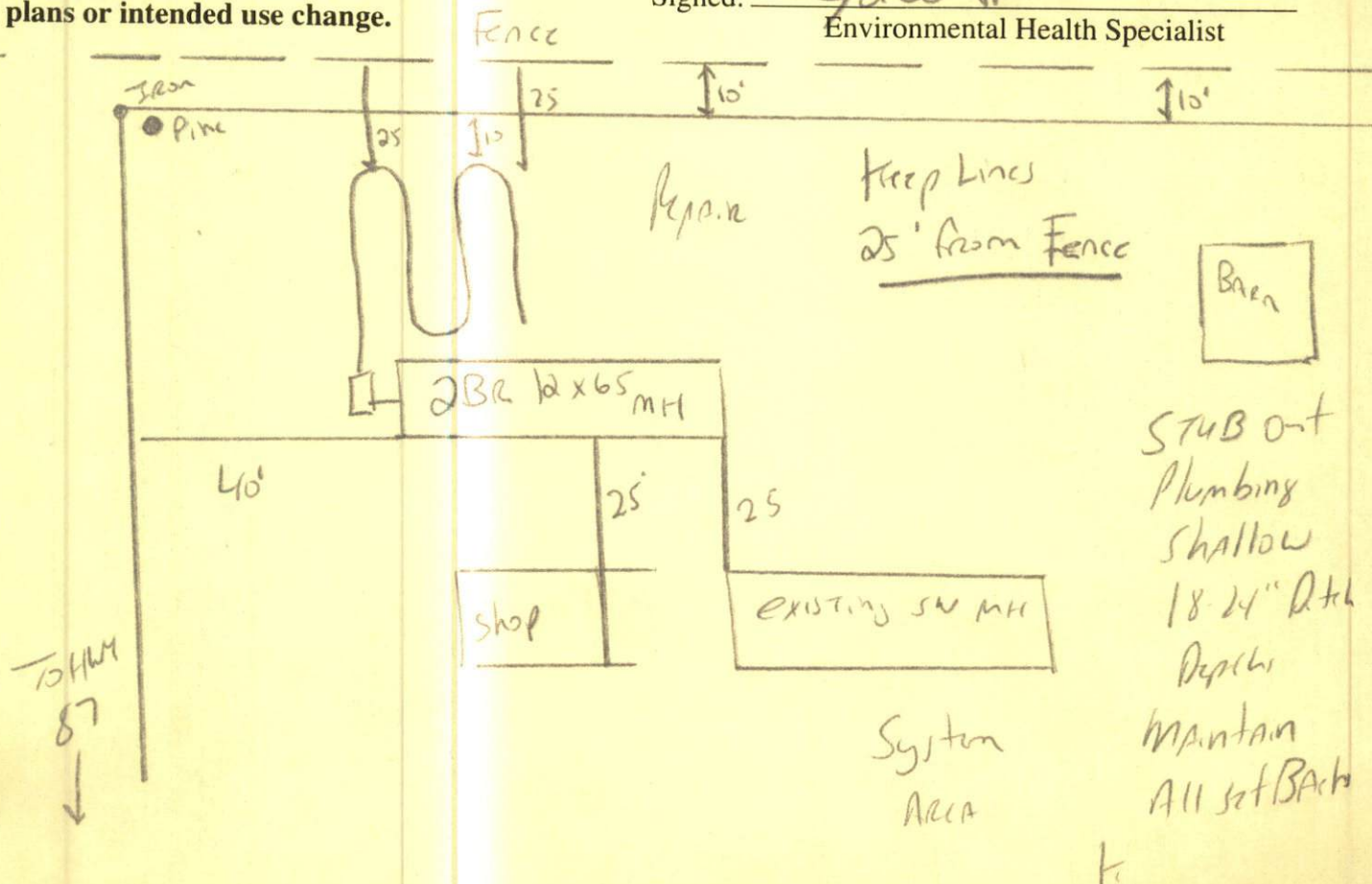
depth of
ditches 18-24 in.

French Drain Required: _____ Linear feet

Date: 6.2.2000

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

Signed: Joel W. H.
Environmental Health Specialist



HARNETT COUNTY HEALTH DEPARTMENT
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 17918. This 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.

Owner or Authorized Agent Frank Steven

Name: _____ Telephone # 498-0334

Address: _____

Property Location: SR # NK 87 Road Name _____

New Installation ☒ Repair ☐ Septic Tank ☒ Nitrification Lines ☒

Subdivision Beyant Johnson Lot # 212

Number of Bedrooms Proposed: 2(12x65) Lot size: 1.32 AC

Basement ☐ With Plumbing ☐ Without Plumbing ☐

Water Supply: Well ☒ Public ☐ Minimum Well Setback: 50 ft.

Type of System: Conventional ☒ Other ☐

Tank Volume: Septic Tank 1000 gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 1 Length of lines 150

Width of ditches 3 ft. Depth of ditches 18 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: [Signature] Date: 6-2-2000