00-40000558

TMPROVEMENT PERMIT

Nº 17527

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 Septic Tank Name: (owner) Jesse Alphin SR#_ 301 Property Location: Nitrification Line Repairs Subdivision _ /ksse Lot # 2 Quadrant #____ Tax ID #____ Lot Size: 3.14 Ac Number of Bedrooms Proposed: ___ Basement with Plumbing: Garage: Water Supply: ☐ Well Public Community 50 min ft. Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system: Conventional Other ____ Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons Subsurface No. of exact length width of depth of Drainage Field ditches_ of each ditch 135 ft. ditches 3 ft. ditches 18 in.MAX French Drain Required: _____ Linear feet 118/2000 Date: _ This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist 301 * Maintain set backs * Runditches on contour * Use Sotial sch. 80 pipe under drive way * Whatever length * Oitches to be No Deepler than 18inches is lost make up Contractor to Meet onsite prior to in stalling system Existing for on other s: 400 Carage Jewer BUIEMEN

H JETT COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CON RUCT

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

by Harnett County Health Department Improvement Permit # _______, 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 _____ Name: Jesse Alphin Telephone # 892.8754 ex 120

Address: 3875 Bod Howking Rd Dan, N. (28335 Property Location: SR # 30 Road Name ____ Repair ____ Septic Tank ____ Nitrification Lines ____ Subdivision Jesse A/22.______Lot # 2 Number of Bedrooms Proposed: 4 Lot size: 3.14 Ac Basement _____ With Plumbing _____ Without Plumbing _____ Water Supply: Well _____ Public _____ Minimum Well Setback: ____ 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 _____/ Length of lines ____/35ft. Width of ditches ______ ft. Depth of ditches ______ /8 __ inches ______ MAX 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: Sure Months. Date: 7/18/2000 (Revised 2/96) CNSTRCT. WPD