HARNET COUNTY HEALTH DEPARTMEN

IMPHOVEMENT PERMIT

Nº 12189

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) Tames R. Brafford	New Installation Septic Tank
Property Location: SR#	Repairs Nitrification Line
Subdivision Menther Brook Et. Ph3	Lot #_ 2 Y
T ID #	0 - 1 - 4 #
Number of Bedrooms Proposed:	ot Size: 54 AC
Basement with Plumbing: Garage:	1 NOTE Change In Howe
	Location
Distance From Well: 50 min ft.	Location
Following is the minimum specifications for sewage disposal sy final approval.	
Type of system: Conventional Other	
Size of tank: Septic Tank: Os gallons	
Subsurface No. of exact length of each ditch	ft. ditches 3 ft. depth of ditches in.
French Drain Required: Linear feet	
	6 23-97
This permit is subject to revocation if site Signed:	
plans or intended use change.	Environmental Health Specialist
VOID AFTER 5 YEARS	NOTE Changes In house
LPP pps. re	Location 65' from front
n. juj.	Property Line 9 15 from
	Lot 24/Lot 25 Property Line
1 28×44 3BR 15 19	
Mil Dave	Shallow 18-dy" Ditch Dynn
	FILDER CONTOURS
	Maintain All Required
65	Set BACKS
the state of the s	

HARNETT COUNTY HEALTH DEPARTMENT AUT ORIZATION TO CO TRUCT

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 Sames R. Brafford Name: ______ Telephone # _____ Property Location: SR # / | Y | Road Name _____ New Installation Repair Septic Tank Nitrification Lines Subdivision Heather Brook Est. Ph 3 Lot# 24 Number of Bedrooms Proposed: _______ Lot size: _____ 54 A c Basement _____ With Plumbing ____ Without Plumbing _____ Water Supply: Well _____ Public ____ Minimum Well Setback: ____ ft. Type of System: Conventional _____ Other ____ Tank Volume: Septic Tank / OOO gallons Pump Chamber _____ gallons **Nitrification Field Specifications** Number of fields _____ Number of Lines per Field _____ Length of lines ______ 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** (Revised 2/96)CNSTRCT.WPD