03-5-6856

## HARNTTT COUNTY HEALTH DEPARTMI

No 20061

## IMPROVEMENT PERMIT

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." LEF JOHNSON Name: (owner) New Installation 🔀 Septic Tank SR# 2035 STOCKYARD RD Property Location: ☐ Repairs Nitrification Line EST. STOCKYARD RO Subdivision Lot # Tax ID #\_ \_\_\_ Ouadrant # \_\_\_ .5lac Number of Bedrooms Proposed: \_ Lot Size: Basement with Plumbing: Garage: Water Supply: ☐ Well Public Public ☐ Community 100 Distance From Well: \_\_\_\_ Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Other 25% REDUCTION SYSTEM Conventional Type of system: Size of tank: Septic Tank: 1000 gallons Pump Tank: \_\_\_\_\_ gallons Subsurface No. of exact length width of depth of of each ditch 300 ft. ditches\_ Drainage Field 3 ft. ditches 18-24 in. ditches French Drain Required: \_\_\_\_\_ Linear feet This permit is subject to revocation if site es COLIVER TOLKSDORF Signed: plans or intended use change. Environmental Health Specialist DRAWING \*MAINTAIN ALL SETBACKS NTS \*CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION CONVENTIONAL REPAIR 90 72 x28

> TO SR 2035

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## HARNETT COUNTY HEALTH DEPARTN T AUT )RIZATION TO CONSTRU...

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.
150 50000
Name 919-630-6408 Telephone#
413 E JACKSON BLVD ERWIN NC 28339  Address
Property Location SR# Road Name
STOCKNAGO RO FEEDTIS 33
STOCKYARD RD ESTATIS 33 .51 AC Subdivision Lot # # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
New Installation [] Repair Septic Tank Nitrification Lines
[] Conventional Other 25% REDUCTION SYSTEM
[ ] Basement [ ] With Plumbing [ ] Without Plumbing
Water Supply: [ ] Well Public Water Supply Minimum Well Setback: 100 Ft.
Septic Tank \000 gd Pump Chamber gol
NITIRFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field Length of lines Ft.
Width of ditches 3 ft. Depth of ditches 18-24 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.
Signature of Authorized Agent for Harnett County of Harnett  Date
Date