IM. ROVEMENT 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." Name: (owner) ERITA & Willia Brown New Installation Septic Tank Property Location: SR# Repairs Nitrification Line Subdivision Tax ID #_ Quadrant #_ Number of Bedrooms Proposed: 3 (14x76) Lot Size: 69AZ Basement with Plumbing: Garage: Public Public ☐ Community 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 ____ Septic Tank: 1000 gallons Size of tank: Pump Tank: _____ gallons Subsurface No. of exact length No. of ditches 3 exact length of each ditch 125 ft. ditches 3 ft. depth of ditches in. width of depth of Drainage Field French Drain Required: ___ Linear feet 5.29.03 Environmental Health Specialist This permit is subject to revocation if site plans or intended use change. 174' 15 30 331 144 76 DRIVE 24 349 STUBOUT Plumbing shallow- 18" Ditch Dorthi Maintain All set Backi Do not DrivE De park on septic system

HARN TO COUNTY HEALTH DEPARTMENT

No 19411

HARNETT COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONSTRUCT

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,
ERILA & W. M.Z BROWN 814-02311
Name Telephone#
Address
Property Location SR# Road Name
Subdivision 4 3(14x76) 69 Example 19 Example 20 Ex
TYPE OF SYSTEM
New Installation [] Repair Septic Tank Nitrification Lines
[Conventional [] Other
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well Public Water Supply Minimum Well Setback:Ft.
Water Supply: [] Well Public Water Supply Minimum Well Setback:Ft. Septic Tank
NITIRFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field Length of lines Ft.
Width of ditches ft. Depth of ditches inches
French Drain: Linear feet required Depth of gravel
French Brain. Enter requiredBeptin of graver
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
Signature of Authorized Agent for Harnett County of Harnett Date