IMPROVEMENT PERMIT 22747

construction of any building at which a septic tank system is to be used for disposal of sewage without first obtaining a writte permit from the Harnett County Health Department."
Name: (owner) Kick Art) Brooks New Installation Septic Tank Repair
Property Location: SR# // / - WAtersway Nitrification Line Expansion Depth Tank B Repair Subdivision Taylor, Trail
Tax ID# Quadrant #
Number of Bedrooms Proposed: 3(32x68) 363spc Lot Size: 3.64 Ac
Basement with Plumbing: Garage:
Water Supply: Well Public Community Distance From Well: ft.
Following is the minimum specifications for sewage disposal system on above captioned property.
Subject to final approval.
Type of system: Conventional Conventional Conventional
Size of tank: Septic Tank: 100 gallons Pump Tank: 100 gallons
Subsurface No. of the exact length of the exact length of the depth of the ditches of the ditche
French Drain Required: Linear feet Cover Pole & Trush Date: 0 9. 20-05
This permit is subject to revocation if site plans or intended use change. PERMIT EXPIRES 5 YEARS FROM ABOVE DATE
J10 11 1/10 1
Signed: Environmental Health Specialist
Environmental Health Specialist
Por B-3 S-peb Line-3' Below
pour B-2 S-pph Line 3 Below Grack At STREAM Crusing
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AUTHORIZATION TO CONST UCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 22747 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.
Kichard Brooks
Name Telephone #
Address
1117
Property Location SR# Road Name
Subdivision Lot# # Bedrooms Proposed 3.64 M
Subdivision Lot # #Bedrooms Proposed Lot Size
TYPE OF SYSTEM
New Installation [] Repair Septic Tank Nitrification Lines
[] Conventional Nother Pump To Conventions
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well Public Water Supply Minimum Well Setback: 50 Ft.
Septic Tank Soo gal Pump Chamber Soo gal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field (Length of lines 30 \)
Width of ditches ft. Depth of ditches inches
French Drain: Linear feet required Depth of gravel
Depth of gravel
No wastewater system shall be covered or placed in the
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 1.
the conditions of the Improvement Permit and that a valid Operations Permit has been issued.
operations i citifit has been issued.
On West RS
Signature of Authorized Agent for Harnett County