HARN T COUNTY HEALTH DEPARTM

HTE 04-50010610

IN ROVEMENT PERMIT

21407

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) JONATHON RAY STONE New Installation Septic Tank Property Location: SR# 2017 Roams Ro Repairs Nitrification Line Subdivision Lot # _____ Quadrant # _____ Tax ID# Number of Bedrooms Proposed: 3 Lot Size: 4.75 Basement with Plumbing: Garage: ☐ Well Water Supply: N Public Community Distance From Well: 50 ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system: **X** Conventional ☐ Other Pump Tank: _____gallons Size of tank: Septic Tank: 1000 gallons Subsurface No. of exact length width of depth of Drainage Field ditches 5 of each ditch 80 ft. ditches 3 ft. ditches 18-20 in. French Drain Required: Linear feet Date: es COLIVER TOLKSOOF This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist *MAINTAIN ALL SETBACKS * CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION REPAIR 963 AREA

> EXIDTING BUILDING

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HARNETT CC ITY DEPARTMENT OF PUB HEALTH AUTHORIZATION TO CONSTRUCT

Harnett County Department of Public Health, Improvement Permit # 21407. 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.	
JONATHON RAY STONE	814-2818
Name	Telephone #
447 ADAMO RO LILLINGTON NC 27546 Address	
2017 Apame Po Property Location SR# Road Name	
Property Location SR#	Road Name
	3 4.750
Subdivision Lot # # Bedro	ooms Proposed Lot Size
TYPE OF SYSTEM	
New Installation [] Repair New Installation [] Repair New Installation [] New Installation	
Conventional [] Other	
[] Basement [] With Plumbing [] Without Plumbing	
Water Supply: [] Well Public Water Supply Minimum Well Setback: 50 Ft.	
Septic Tank 1000 gal Pump Chamber gal	
NITRIFICATION FIELD SPECIFICATIONS	
Number of fields# of lines per field5 Length of lines\$0Ft.	
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.	
25 Relieb Ill	Inlandary
Signature of Authorized Agent for Harnett County	Date