HAR TT COUNTY HEALTH DEPARTN T

HTE 05-5-11698

IIVIPROVEMENT PERMIT

21725

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." New Installation Septic Tank Name: (owner) John L. Austin Property Location: SR# 1553 Live Oak Ld. Repairs Nitrification Line Lot # _____ Subdivision Jimmy N. Johnson _____ Quadrant # _____ Tax ID # Number of Bedrooms Proposed: 3 Lot Size: 1.13Ac Basement with Plumbing: Garage: Public Water Supply: ☐ Well Community Distance From Well: 50 ~ ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. **Z** Conventional Other Type of system: Pump Tank: _____gallons Size of tank: Septic Tank: 1000 gallons Subsurface exact length No. of width of depth of Drainage Field of each ditch 75 ft. ditches / 20 in. ditches ditches 3 French Drain Required: Linear feet Date: Signed: _/ This permit is subject to revocation if site plans or intended use change. Environmental Health Specialist * Maintain all retbacks * Runditches on contour LNO DEEPER than 20 inchy 225 28 00

HARNETT (JNTY DEPARTMENT OF PU IC HEALTH AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 21725 . 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.
John L. Austin Name F97-8641 Telephone #
334 Merchant Dr. Angie, N.C. 27501 Address
Property Location SR# Road Name
Subdivision A 3 1.13 Ac Lot # Bedrooms Proposed Lot Size
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.
Septic Tank gal Pump Chamber gal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field Length of lines Ft.
Width of ditches ft. Depth of ditches/8-20 inches
French Drain: Linear feet required Depth of gravel
No westewater system shall be several and a line 1
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 Date