IMPROVEMENT PERMIT 22457

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) DEBRA L. O'BRIEN New Installation A Septic Tank Repair
Property Location: SR# 2072 MENGILL HOORS & Nitrification Line Expansion Days Rocock
Tax ID# Quadrant #
Number of Bedrooms Proposed: 3 (360 god) 2 (240 god) Lot Size: 4.89 AC
Basement with Plumbing: Garage:
Water Supply: Well Public Community Distance From Well: 100 ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.
Type of system: D Conventional D Other Pume To CONVENSIONAL
Type of System. B Conventional 2 other 101-10 10 10 10 10 10 10 10 10 10 10 10 10 1
Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons
Subsurface No. of exact length width of depth of Drainage Field ditches 3 ft. of each ditch ft. ditches 3 ft. ditches 1 ft. ditches 3 ft. ditches 1 ft. ditches 3 ft. ditc
French Drain Required:Linear feet Date: 12/8/05
This permit is subject to revocation if site plans or intended use change. Signed: Signed: Signed: Signed: PERMIT EXPIRES 5 YEARS FROM ABOVE DATE Environmental Health Specialist MAINTAIN ALL SETARKYS POMP SPECS 3' SCHMO PIPE 3' SCHMO PIPE 3' SCHMO PIPE 3' PRESSURE HEAD **CALL WITH ANY QUESTIONS PRIOR TO INSTAULATION REPAIR PUMP CONV. REPAIR

HARNET COUNTY DEPARTMENT OF BLIC 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 # 22457 . 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.		
	ns, or intended use change.	
DEBRA O'BRIEN	914-567-2599	
Name	Telephone #	
Address HOLLY SPRING	63 NC 27540	
2072	MCNEIL HOBBS RD	
Property Location SR# 2 (24096)	Road Name	
CTHAROCOCK 2 3(360)	Road Name Poposed Lot Size	
Subdivision Lot # # Bedrooms Pro	oposed Lot Size	
TYPE OF SYSTEM		
New Installation [] Repair Septic Tank	Nitrification Lines	
[] Conventional NOther Pume To Conventional		
[] Basement [] With Plumbing [] Without Plumbi	ing	
Water Supply: Well [] Public Water Supply M	finimum Well Setback: VOFt.	
Septic Tank 1000 gal Pump Chan	nber 1000 gal	
NITRIFICATION FIELD SPECIFICATIONS		
Number of fields# of lines per field	Length of lines 106 Ft.	
Width of ditchesft. Depth of ditchestinches		
French Drain: Linear feet required Depth of gravel		
No wastewater system shall be covered or placed into us	e 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.		
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Signature of Authorized Agent for Harnett County