## HARNETI DUNTY HEALTH DEPARTMENT

HTE#06-50014404

## **IMPROVEMENT PERMIT** 22840

Be it ordained by the Harnett County Board of Health a construction of any building at which a septic tank system is to be permit from the Harnett County Health Department."	
Name: (owner) GLINDA BRYANT	New Installation Septic Tank Repair
Property Location: SR# 2031 Wiee Ro Subdivision JJJG	Nitrification Line Expansion Lot # 3
Tax ID#	Quadrant #
Number of Bedrooms Proposed : 3(36036)	Lot Size: 2.51AC
Basement with Plumbing:  Garage:  Garage:	
Water Supply:  Well  Public  Commu	unity
Distance From Well: ft.	
Following is the minimum specifications for sewage d	isposal system on above captioned property.
Subject to final approval.	
Type of system:  Conventional  Other	
Size of tank: Septic Tank: 1000 gallons Pum	np Tank: gallons
Subsurface No. of exact length	width of depth of
Subsurface No. of exact length Drainage Field ditches 3 1. of each ditch 5	ft. ditches $3$ ft. ditches $18-34$ in.
French Drain Required:Linear feet	Date: 4 5 06
This permit is subject to revocation if site plans or intended use change.	Signed:
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*CAL WT QUESTIO TO INS	ILLANY OUS PRIOR TALLATION  IN NOV. REPAIR AREA
	736

## HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUTHORIZATION TO CONSTRUCT

Authorization is hereb	y given to const	ruct a wastewater	system to the	ne specifications desc	cribed by	
Harnett County Department of Public Health, Improvement Permit # 22840 . This authorization shall be valid for a period not to exceed five (5) years from the date of issuance.						
This authorization wi	ll be invalid if o	wnership, site pla	ans, or inten	ded use change.	ance.	
Name Beyant			893-3910 Telephone #			
853 JOE COLL	145 80	LILLINGTON	NC >	1546		
Address						
2031			MIC	ZE RO		
Property Location SR#			I	Road Name		
222 c	3	3 (3600	Sec.	2.5)AC Lot Size		
Subdivision	Lot #	# Bedrooms P	roposed	Lot Size		
	7	TYPE OF SYS	TEM			
New Installation	[] Repair	∑Septic Tank	Nitri Nitri	fication Lines		
Conventional	[ ] Other					
24 Conventional						
[ ] Basement [ ] With	h Plumbing [	] Without Plumb	ing			
Water Supply: [ ] Well Public Water Supply Minimum Well Setback:Ft.						
Septic Tank NOC	gal	Pump Char	nber		;al	
NITRIFICATION FIELD SPECIFICATIONS						
		2		-20		
Number of fields1	# of line	es per field 3	Length	of lines 80	Ft.	
Width of ditches ft. Depth of ditches inches						
French Drain: Linear fact required Donth of annual						
French Drain: Linear feet required Depth of gravel						
No wastewater system	shall be covered	or placed into us	e hy any ner	son until an inspactio	on by 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 has been issued.						
6	1					
	Belli					
MIL	MIM	NS		4/5/06		
Signature of Authorized Ag	ent for Harnett Cou	ntv		Date		