IMPROVEMENT PERMIT 22256

Be it ordained by the Harnett County Board of Health as construction of any building at which a septic tank system is to be permit from the Harnett County Health Department."	e used for disposal of sewage without first obtaining a written
Name: (owner) Van Stephen Murrary	New Installation Septic Tank Repair
Property Location: SR# 1437 Ballard Rd. Subdivision Stronberry Fields Tax ID# Number of Bedrooms Proposed: 3 C360 y po	Nitrification Line Expansion
Number of Redrooms Proposed: 7 (3/4)	Quadrant #
Basement with Plumbing: Garage:	Lot Size
Water Supply: Well Public Commun	nity
Distance From Well: ft.	inty
Following is the minimum specifications for sewage di	sposal system on above captioned property.
Subject to final approval.	4 - 4 - 5
Type of system: Conventional Other 25	To Reduction System
Size of tank: Septic Tank:/ODO gallons Pump	Tank: gallons
Subsurface No. of exact length Drainage Field ditches 2 ft. of each ditch 1	width of depth of ft. ditches 18-24 in.
French Drain Required:Linear feet	Date: 10/3/2005
This permit is subject to revocation if site plans or intended use change.	PERMIT EXPIRES 5 YEARS FROM ABOVE DATE
* Maintain all ret backs	Signed: Super Medical F. S. Environmental Health Specialist
* Non ditches on contour	•
25% 8 Reprint the second of t	

HARNETT C NTY DEPARTMENT OF PUELL HEALTH AUTHORIZATION TO CONSTRUCT

Harnett County Department of Public Health, Improvement Permit # 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.	
Name 919-557-1389 Telephone #	
Address Shadow Valley Rd. Holly Springs, N. C. 275-40	
Property Location SR# Road Name	
Subdivision Lot # Bedrooms Proposed Lot Size	
TYPE OF SYSTEM	
[New Installation [] Repair [Septic Tank [] Nitrification Lines	
[] Conventional [Tother 25 % Reduct: in System	
[] Basement [] With Plumbing [] Without Plumbing	
Water Supply: [] Well [Public Water Supply Minimum Well Setback: _5_0 Ft.	
Septic Tankgal Pump Chambergal	
NITRIFICATION FIELD SPECIFICATIONS	
Number of fields # of lines per field Length of lines Ft.	
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.	
Signature of Authorized Agent for Harnett County Date	