HTE# 05-5-13015

IMPROVEMENT PERMIT 22257

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 writte permit from the Harnett County Health Department."
Name: (owner) VAN Stephen Murrary New Installation Septic Tank Repair
Property Location: SR# 1437 B+11* Nitrification Line Expansion
Subdivision Strombery F. elds Lot# 5
Tax ID# Quadrant #
Subdivision Strowbern F. elds Tax ID# Number of Bedrooms Proposed: 3 (360 gpd) Lot Size: SFAC
Basement with Plumbing: Garage:
Water Supply: Well Public Community
Distance From Well: 50 m. ft.
Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.
Type of system: Conventional Other 25% leduction Lytem
Size of tank: Septic Tank: gallons Pump Tank: gallons
Subsurface No. of exact length width of depth of Drainage Field ditches 4 ft. of each ditch 75 ft. ditches 3 ft. ditches 18 in.
French Drain Required:Linear feet Date:Date:
This permit is subject to revocation if site PERMIT EXPIRES 5 YEARS FROM ABOVE DATE
plans or intended use change.
* Maintain all regulated set backs Signed: Signed: Environmental Health Specialist
* Maintain all required set backs Environmental Health Specialist * Road: teles on contour
o Poser
25%
Area ist
1 19 A 55'
Topes stilly // K Not to scale
Strawbery Hill Lave

HARNETT COUNTY DEPARTMENT OF PULCE 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 # 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 # S3/7 Showdowl & May Ld. Hally Stings, N.C. 27540 Address
Address N.C. 27540
Property Location SR# B411wd Road Name
Subdivision Lot # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
[New Installation [] Repair [Septic Tank [] Nitrification Lines
[] Conventional [JOther 25 90 Reduction System
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well [Public Water Supply Minimum Well Setback:Ft.
Septic Tankgal Pump Chambergal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields# of lines per field# Length of linesFt.
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