IMPROVEMENT PERMIT 22332

permit from the Harnett County Health Department."
Name: (owner) Accent Design Build New Installation Septic Tank Repair
Property Location: SR# ///6 Nitrification Line Expansion Subdivision Lot # 2 6 Tax ID# Quadrant # Number of Bedrooms Proposed: 3 (6 x 53) 360 gpd Lot Size: /. 386 AC Basement with Plumbing: Garage:
Water Supply: Well Public Community Distance From Well:ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.
Type of system: Conventional Other 25% Reduction 5717EM
Size of tank: Septic Tank: gallons Pump Tank: gallons
Subsurface No. of Drainage Field ditches ft. of each ditch 25 ft. ditches 3 ft. depth of ditches in. French Drain Required: Linear feet Date: Date:
French Drain Required:Linear feet Date: 10-24-05
This permit is subject to revocation if site PERMIT EXPIRES 5 YEARS FROM ABOVE DATE plans or intended use change.
91 65' Signed: 05 WAR
Signed: Environmental Health Specialist

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUTHORIZATION TO CONSTRUCT

Harnett County Department of Public Health, Improvement Permit # 2332 This
This authorization will be invalid if ownership, site plans, or intended use change.
Name Telephone #
Telephone #
Address
1116
Property Location SR# Road Name
Subdivision Hills Lot# #Bedrooms Proposed Lot Size
TYPE OF SYSTEM
New Installation [] Repair Septic Tank Nitrification Lines
[] Conventional MOther 25% Reduction SYSTEM
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well Public Water Supply Minimum Well Setback: 55 Ft.
Septic Tank gal Pump Chamber gal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field Length of lines 225 Ft. Width of ditches ft. Depth of ditches inches inches
Width of ditches ft. Depth of ditches inches OF 25% Reduction SYSTEM
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.
Yor West RS 10-24-05
Signature of Authorized Agent for Harnett County Date