HTE# 05-50012807

## **IMPROVEMENT PERMIT** 22731

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) George STAlling) New Installation Septic Tank Repair
Property Location: SR# 1277 Thomas hells Rel Nitrification Line Expansion Dubdivision Lot #
Number of Bedrooms Proposed: 3(25×52) 360 spd Lot Size: 19.80 A C
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.
Type of system:  Conventional  Other  May to Conventional
Size of tank: Septic Tank: gallons Pump Tank: gallons
Subsurface No. of Drainage Field ditches 2 ft. of each ditch 250 ft. ditches 3 ft. depth of in.
French Drain Required:Linear feet Date: D& 23 - OF
This permit is subject to revocation if site PERMIT EXPIRES 5 YEARS FROM ABOVE DATE plans or intended use change.
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## HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUTTORIZATION TO CONSTUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 2273   This
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Telephone #
Address
1277 Thomas Kell, N
Property Location SR# Road Name
Subdivision Lot # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
Nitrification Lines
New Installation [] Repair Septic Tank Nitrification Lines  [] Conventional Other Pump To Conventional
[ ] Basement [ ] With Plumbing [ ] Without Plumbing
Water Supply: [ ] Well Public Water Supply Minimum Well Setback: 50 Ft.
Septic Tank   Soo gal Pump Chamber   Soo gal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field 2 Length of lines 250 Ft.
Width of ditches ft. Depth of ditches fr. 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 in a little system.
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 Country
Signature of Authorized Agent for Harnett County