HTE# 05-5- 13325

IMPROVEMENT PERMIT 22269

	h as follows: Section III, Item B. "No person shall begin o be used for disposal of sewage without first obtaining a writte
Name: (owner) David Brown	New Installation Septic Tank Repair
Property Location: SR# 1542 Od Buck Creek &	Nitrification Line Expansion Lot # 4 Quadrant # Lot Size: .584c
Subdivision Jandy Grove	Lot # 4
Tax ID#	Quadrant #
Number of Bedrooms Proposed: 3 (360 years)	Lot Size: .59Ac
Basement with Plumbing: Garage:	
Water Supply: Well Public Communication Well: ft.	nunity
Following is the minimum specifications for sewage	disposal system on above captioned property.
Subject to final approval. Type of system:	% leduction System
Size of tank: Septic Tank:/OOO gallons Pu	imp Tank: gallons
Subsurface No. of exact length Drainage Field ditches 4 ft. of each ditch	width of depth of ft. ditches 3 ft. ditches 18.30 in.
French Drain Required:Linear feet	Date: ///7/2005
This permit is subject to revocation if site	PERMIT EXPIRES 5 YEARS FROM ABOVE DATE
plans or intended use change.	Signed: Signed: Environmental Health Specialist
Feguined Setbecks Feguined Setbecks Property Area Property Area	196

HARNET COUNTY DEPARTMENT OF **BLIC 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.	
David Brown Name F93-2074 Telephone #	
SS Flatwoode L. C. Mingley, W. C. 27546 Address	
7542 Property Location SR# Old Bules Creek Road Name	
Joney Crose 4 3 (360 gpd) 59 Ac Subdivision Lot # Bedrooms Proposed Lot Size	
TYPE OF SYSTEM	
[New Installation [] Repair [Septic Tank Nitrification Lines	
[] Conventional [Tother 25 % Reduction System	
[] Basement [] With Plumbing [] Without Plumbing	
Water Supply: [] Well [Public Water Supply Minimum Well Setback: 50 Ft.	
Septic Tankgal Pump Chambergal	
NITRIFICATION FIELD SPECIFICATIONS	
Number of fields / # of lines per field \(\frac{4}{} \) Length of lines \(\frac{60}{} \) 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	