HTE#06-5-15620

IMPROVEMENT PERMIT 23139

Be it ordained by the Harnett County Board of Health a construction of any building at which a septic tank system is to b permit from the Harnett County Health Department."	
Name: (owner) GARY STRICKIAN)	New Installation Septic Fank Repair
Property Location: SR# 1561 Bailey Subdivision	Nitrification Line Expansion
Tax ID#	Quadrant #
Number of Bedrooms Proposed: 360 6PD	Lot Size: 26 news
Basement with Plumbing: Garage:	
Water Supply: Well Public Commu Distance From Well: ft.	nity
Following is the minimum specifications for sewage di Subject to final approval.	-601
Type of system: Conventional Other 25%	REDUCTIONS
Size of tank: Septic Tank: 1000 gallons Pump Subsurface No. of exact length	p Tank: _/ooo gallons
Drainage Field ditches 3 ft. of each ditch 8	ft. ditches 3 ft. ditches 24" in.
l apo.	
French Drain Required:Linear feet	Date: 9 -13- 06
This permit is subject to revocation if site	PERMIT EXPIRES 5 YEARS FROM ABOVE DATE
plans or intended use change.	
T 120, State of the State of th	Signed Comes Emphantana Environmental Health Specialist *Contractor to most on to most
SR 1561 Bailey RA	

HARNETT COUNTY DEPARTMENT OF PUBLIC 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 #	
GARY STRICKLAND Name 910-882-4243 Telephone # 104 Holly AUE DUNN P.C. 28334	
Property Location SR# Road Name	
Subdivision Lot # Bedrooms Proposed Lot Size	
TYPE OF SYSTEM	
[New Installation [] Repair [Septic Tank [Nitrification Lines	
[] Conventional [YOther 25% REDUCTION Systa	
[] 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 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	
Date	