HTE#03-5-7825R

IMPROVEMENT PERMIT 22399

construction of any building at which a septic tank system is to permit from the Harnett County Health Department."	n as follows: Section III, Item B. "No person shall begin be used for disposal of sewage without first obtaining a written
Name: (owner) AIDEN KIMblE	New Installation Septic Tank Repair
Property Location: SR# 1727 SUGGS RD	Nitrification Line Expansion
Subdivision WAITS CROSSING	Lot # 4
Tax ID#	
	Lot Size:
Basement with Plumbing: Garage: Water Supply: Well Public Communications of the Garage Communication of the Commun	nunity
Following is the minimum specifications for sewage	disposal system on above captioned property.
Subject to final approval	
Type of system: \square Conventional \square Other 25	% Reduction System
Size of tank: Septic Tank: 1000 gallons Pu	mp Tank: gallons
Subsurface No. of exact length Drainage Field ditches ft. of each ditch	width of depth of work of the ditches 3 ft. ditches 20-7/8 in.
French Drain Required:Linear feet	Date: 3-21-06
This permit is subject to revocation if site	PERMIT EXPIRES 5 YEARS FROM ABOVE DATE
Plans or intended use change. **Replaces Pennit # 19342	Signed: Manhant Res Environmental Health Specialist
28' HOME 44' 6'2'	*DONOTE DONNAL THONAL System
FDNA JOH	W CT

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUTHORIZATION TO CONSTRUCT

Harnett County Department of Public Health, Improve authorization shall be valid for a period not to exceed This authorization will be invalid if ownership, site p	ement Permit # <u>22379</u> . This five (5) years from the date of issuance.	
AIDEN KINDLE	919-630 - 0408 Telephone #	
57 EDNA JOHN CT DUNN N		
7727 Property Location SR#	SUGGS IZD Road Name	
Walts Crossing 4 38An- Subdivision Lot # # Bedrooms	- 3606PD -66	
Subdivision <i>O</i> Lot # # Bedrooms	Proposed Lot Size	
TYPE OF SY	STEM	
[New Installation [] Repair [Septic Tank	[] Nitrification Lines	
[] Conventional [] Other 25% Reduction	Sys fa	
[] Basement [] With Plumbing [] Without Plum	bing	
Water Supply: [] Well [] Public Water Supply Minimum Well Setback:Ft.		
Septic Tankgal Pump Cha	amber gal	
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.		
James E Montantour	3-21-06	
Signature of Authorized Agent for Harnett County	Date	