HTE 05-5- 1178272

HARN TO COUNTY HEALTH DEPARTMENT IN PROVEMENT PERMIT

22176

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) Canoly Jugs Donnas New Installation Septic Tank Property Location: SR# 1703 RED Hz // CHURCHILD Repairs Nitrification Line Subdivision (5D) __ Lot # _ 4 Tax ID # Number of Bedrooms Proposed: Garage: Basement with Plumbing: Public Water Supply: ☐ Well Community Distance From Well: 55° ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional Other Type of system: Pump Tank: gallons Size of tank: Septic Tank: 1000 gallons exact length /60 Subsurface width of No. of ditches 3 ft. of each ditch 80 ft. ditches 18-24 Drainage Field ditches French Drain Required: _____ Linear feet Signed Environmental Health Specialist This permit is subject to revocation if site plans or intended use change. STUB Plumbing conver. x RUN LINES Straget BACK IF Possible IF NOT RUN LENES ON CONTOUR. 45 R I 5R 1703 RED HELL CHRD

HARNETT COUNTY DEPARTMENT OF PULL IC HEALTH AU ORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 20176. This authorization shall be valid for a period not to sweet 15 (5)
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.
Canolyn Suggs Donnan 918-897-4340 Name 205 PENGUZEN DN Grun N.C. 28379 Address
205 PENGUZEN DR Grun N.C. 28379
Property Location SR# Road Name Road Name
Subdivision 4 3(360gsd) Lot # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
[New Installation [] Repair [Septic Tank [] Nitrification Lines
[] Conventional [] Other
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well [Public Water Supply Minimum Well Setback: Ft.
Septic Tank gal Pump Chamber gal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields Z # of lines per field Y Length of lines 80 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 & Manhantens 8-4-05
Signature of Authorized Agent for Harnett County Date