HARN COUNTY HEALTH DEPARTMI

HTE# 06-5-14202

IMPROVEMENT PERMIT 22394

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) TERNA GRAY New Installation Septic Tank Repair
Property Location: SR# 1727 SubG3RS Nitrification Line Expansion Dubdivision Walfs Crosser Lot # 13
Tax ID# Quadrant #
Number of Bedrooms Proposed: 380 360 6PT Lot Size: .78 Acr
Basement with Plumbing: Garage: Water Supply: Well Public Community Distance From Well: 50. ft.
Following is the minimum specifications for sewage disposal system on above captioned property.
Subject to final approval.
Type of system: Conventional Other 25% Reduction System
Size of tank: Septic Tank: gallons Pump Tank: gallons
Subsurface No. of exact length width of depth of Drainage Field ditches 3 ft. of each ditch 100 ft. ditches 3 ft. ditches 22-718 in.
French Drain Required:Linear feet Date: 3-9-06
This permit is subject to revocation if site PERMIT EXPIRES 5 YEARS FROM ABOVE DATE
plans or intended use change.
Signed : Environmental Health Specialist Environmental Health Specialist
EDNA JOHN CT

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 #	S
7 EENA GRAY Name 719-630-0408 Telephone #	
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413 Exst Theleson BIVD Bruss N.C. 78339	_
7777 Property Location SR# Road Name	
The state of the s	
Subdivision 13 3 mm 360 GPD 78 Subdivision Lot # Bedrooms Proposed Lot Size	
Subdivision	
TYPE OF SYSTEM	
[New Installation [] Repair [] Septic Tank [] Nitrification Lines	
[] Conventional [] Other 2828NS Bysh	
[] 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	
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.	
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