HTE# 04-5-87872

IMPROVEMENT PERMIT 22776

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 writt permit from the Harnett County Health Department."	en
Name: (owner) THE WE BUELT HOUSE INC. New Installation Septic Tank Repair	
Property Location: SR# 1415 Rowls CH RD Nitrification Line Expansion Dubdivision Wandow PIACE Lot # 5	
Tax ID# Quadrant # Number of Bedrooms Proposed : J 5 5 6 7 Lot Size: . 37	_
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 Drainage Field ditches 3 ft. exact length width of depth of of each ditch 80 ft. ditches 3 ft.	l.
French Drain Required: Linear feet Date: Date:	
Signed: Signed: Markant and	iii.
Environmental Health Specialist HOME LPRepair W LPRepair LPRE	

0\$ 5-8785R

HARNE COUNTY DEPARTMENT OF JBLIC HEALTH AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications. Harnett County Department of Public Health, Improvement Permit #22776 authorization shall be valid for a period not to exceed five (5) years from the date of This authorization will be invalid if ownership, site plans, or intended use change.	. This issuance.	
THE WELL Built House INC 659- 4 Name Telephone #		
737 EMAPLE LN F.V. N.C. 775-76		
Property Location SR# Road Name)	
Wynchm-Pipeß 5 3 3606PD .87 Subdivision Lot # # Bedrooms Proposed Lot Size		
TYPE OF SYSTEM		
[] New Installation [] Repair [] Septic Tank [] Nitrification Lines		
[] Conventional [TOther 75% Nod Syste		
[] 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# 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 installed Harnett County Health Department has determined that the system has been installed the conditions of the Improvement Permit and that a valid Operations Permit has been sent to be a condition of the Improvement Permit and that a valid Operation Permit has been sent to be a condition of the Improvement Permit and that a valid Operation Permit has been sent to be a condition of the Improvement Permit and that a valid Operation Permit has been sent to be a condition of the Improvement Permit and that a valid Operation Permit has been sent to be a condition of the Improvement Permit and that a valid Operation Permit has been sent to be a condition of the Improvement Permit and that a valid Operation Permit has been sent to be a condition of the Improvement Permit and that a valid Operation Permit has been sent to be a condition of the Improvement Permit and that a valid Operation Permit has been sent to be a condition of the Improvement Permit and that a valid Operation Permit has been sent to be a condition of the Improvement Permit and that a valid Operation Permit has been sent to be a condition of the Improvement Permit and that a valid Operation Permit has been sent to be a condition of the Improvement Permit and the Improvement Permit and the Improvement Permit and Improvement Permit Permit Permit Permit Permit Permit Permit Permi	d according to	
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