11331R conse 12083-0001 house 11334R-Pool HARN I COUNTY HEALTH DEPARTM

## HTE 05-5-1111912 HOUSE IMPROVEMENT PERMI' 22012

Name. (Owner) Corrunt Turker Cole	✓ New Installation	Septic Tank
Name: (owner) Garay + Suzamrt Coley Property Location: SR# 1704 TH5Lam	Repairs	Nitrification Line
Subdivision_		
Tax ID #	Quadrant #	
Number of Bedrooms Proposed: 4 Lot S	ize: 5.71 ~~	<u> </u>
Basement with Plumbing: Garage:  Water Supply: Well Public Community Distance From Well: ft.		
Following is the minimum specifications for sewage disposal sy to final approval.  Type of system:  Conventional  Size of tank:  Septic Tank: 1200 gallons  Pump		ed property. Subject
Type of system:	hayter 1th	- Comme
Size of tank.	fank. 120 gandas	
Subsurface No. of exact length of each ditches of each ditches tt.	width of ditches 3 ft.	depth of ditches zin.
French Drain Required: LP Propries Date:	70 hrea 5-17-05	
This permit is subject to revocation if site plans or intended use change.	Environmental He	Manhon two ne
Pomp Specs 23 6Pm 821 TOH Marke Specs	Home in Detroit	20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Marke Speed 3 1/2 94 40 values	79 = 541	->
2. Pressur Herd	/ /	
2" saryo supply		
Pows	330	
Dr. L	Pons	
	j	
SR 1704 TIlgham R		

## 05-5- 11119 12 160me CHEALTH 1133 IRGARAGE NTY DEPARTMENT OF PU HARNETT C AUTHORIZATION TO CONSTRUCT 1133412000 12083 Rol Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 27012 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. Name Celey 8991 NC Huy 27 E BENSON N.C. 27504 1704 TYPE OF SYSTEM [ New Installation [ ] Repair [ | Septic Tank [ | Nitrification Lines [] Conventional [] Other Pump to Mantter [ ] Basement [ ] With Plumbing [ ] Without Plumbing Water Supply: [ ] Well [ Public Water Supply Minimum Well Setback: \_\_\_\_\_ Ft. Septic Tank 1200 gal Pump Chamber \_\_\_\_\_\_ gal NITRIFICATION FIELD SPECIFICATIONS Number of fields \_\_\_\_\_ # of lines per field \_\_\_\_ 3 \_\_\_ Length of lines \( 150 \) Ft. Width of ditches \_\_\_\_\_ ft. Depth of ditches \_\_\_\_\_ inches French Drain: Linear feet required \_\_\_\_\_ Depth of gravel \_\_\_\_

Subdivision

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.