HARN COUNTY HEALTH DEPARTMF***

IMPROVEMENT PERMIT 21993

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) Aike by Michael J. Ganna New Installation & Septic Tank	
Property Location: SR# 1291 Old US 421	
Troperty Execution. Six# 4 5, 4 5, 4 5, 4 5, 4 5, 4 5, 4 5, 4 5	
Subdivision Marie Bell Ridge Lot # 4/ Tax ID # Quadrant # Number of Bedrooms Proposed: 3 Lot Size: 5 C.4c	
Tax ID # Quadrant #	
Number of Bedrooms Proposed: 3 Lot Size: .56.4c	
Basement with Plumbing: Garage:	
Water Supply:	
Distance From Well:ft.	
Following is the minimum specifications for sewage disposal system on above captioned property. Subject	
to final approval.	
Type of system: Conventional Other Pumpto 25% ledict in System	
Size of tank: Septic Tank: /@o gallons Pump Tank: /@o gallons	
Subsurface No. of exact length width of depth of Drainage Field ditches / of each ditch / 80 ft. ditches 3 ft. ditches / in.	
This permit is subject to revocation if site plans or intended use change. Linear feet Date: S/1/2005 2/3/2006 Revis Signed: Signed: Environmental Health Specialist	
*Martin all retbacks *How ditch on conters in Se solic ear ear eneut for lot 41 *Y system has been layed out *A convent, and lock system	

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUTHORIZATION TO CONST. JCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 2193 . This authorization shall be valid for a period not to exceed five (5) years from the date of issuance.
of interstip, site plans, or intended use change
Mike Lay Michael J. Gannon 4998382 Name 2830 Telephone # Address Address
Property Location SR# OH US 421
Manie Bell Lige 4/ 3 Subdivision Lot # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
[New Installation [] Repair [] Septic Tank [] Nitrification Lines
[] Conventional [TOther Pany to 25% Reduction System
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well [] Public Water Supply Minimum Well Setback: Ft.
Septic Tank gal Pump Chamber /OO O gal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field Length of lines /80
Width of ditches ft. Depth of ditches ft. Depth of ditches ft.
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.
Signature of Authorized Agent for Harnett County 8/17/2005