## HAR TT COUNTY HEALTH DEPART!

## HTE 05-5-12203 RZ IIVIPROVEMENT PERMIT 22174

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "Ition of any building at which a septic tank system is to be used for disposal of sewage without fir	
from the Harnett County Health Department."	otion Sontia Tonk
Name: (owner) TLW Congrusticm  Property Location: SR# 1452 Thuslove TD  Repairs	Nitrification Line
Troperty Education. Six# 15 = 77 Constitute 105	25 Numedion Line
Subdivision Taylor Porot  Tax ID # Quadrant #  Number of Bedrooms Proposed: 3 (3 (3 (3 (3 (3 (3 (3 (3 (3 (3 (3 (3 (	Lot # <b>Z</b>
Tax ID#Quadrant#	
Number of Bedrooms Proposed: 3 (3 (3 (3 (4))) Lot Size: 38	
Basement with Plumbing: Garage: Garage:	
Water Supply:	
Distance From Well: 50 ft.	
Following is the minimum specifications for sewage disposal system on above cato final approval.	
Type of system:	
Size of tank: Septic Tank:gallons Pump Tank:gall	
Subsurface No. of exact length width of ditches 3 of each ditch 80 ft. width of ditches 3 ft.	depth of
Drainage Field ditches 3 of each ditch 80 ft. ditches 5 f	t. ditches 29 in.
French Drain Required:Linear feet	_
Date: 8-3-6	05
This permit is subject to revocation if site  plans or intended use change.  Signed:  Signed:	EManhant Cox tal Health Specialist
Junton Support Fig.	STUB PlumBING BUT HEBH TANK WELL SET J OUT OF GROWND L TO NOT Pump well BE NGGO ED.

## HARNETT COUNTY DEPARTMENT OF PUTIC HEALTH AU\_\_ORIZATION 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 # 22174 . This 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.	
7-1 Conponation 910.873-9727  Name P.O. Box 292- Ulleryton D.C. 77546  Address	
Telephone #	
P.O. BOX 292- Ullengton D.C. 275-46	
Address	
Property Location SR#  Road Name	
Property Location SR# Road Name	
Subdivision Lot # Bedrooms Proposed Lot Size	
Subdivision Lot # Bedrooms Proposed Lot Size	
TYPE OF SYSTEM	
[ New Installation [ ] Repair [ ] Septic Tank [ ] Nitrification Lines	
[] Conventional [ Heter 15% Reduction System	
[ ] 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 3 Length of lines 80 Ft.	
Width of ditchesft. Depth of ditchesinches	
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.	
and operations I entire has been issued.	
James & Manhan Dous 8-3-05	
Signature of Authorized Agent for Harnett County  Date	