HTE 05-5-12204

This permit is subject to revocation if site

plans or intended use change.

HAR TT COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT

22031

Signed: Environmental Health Specialist

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) TLW Conforation

Property Location: SR# 1452 True love AD

New Installation Septic Tank

Repairs Nitrification Line Subdivision Taylor Potert ____Lot # ___**5** Basement with Plumbing: Garage: Public Public Water Supply: **→** Well Community Distance From Well: _____ ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. NOther 25% Reduction System Conventional Type of system: Septic Tank: 1600 gallons Pump Tank: gallons Size of tank: No. of exact length of each ditch 120 ft. width of Subsurface depth of ditches 3 ft. ditches 24 3/8 in. Drainage Field French Drain Required:____ Linear feet

HOME TO STILL SUPPLIED TO DAY AND STILL STILL SUPPLIED TO DAY AND STIL

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AU IORIZATION 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 # 22031. This authorization shall be valid for a period not to exceed five (5) years for the construction. | 277 |
|---|-----|
| | S |
| This authorization will be invalid if ownership, site plans, or intended use change. | |
| TLW Comp 510-893-9227 | |
| Name 510-833-9227 Telephone # | - |
| 7.0. Box 292 (21/12/2000 N.C. 275-46) | |
| Address | - |
| Property Location SR# Truc / ove | |
| Property Location SR# Road Name | |
| Taylon Pornt 5 Subdivision Lot # # Bedrooms Proposed Lot Size | |
| Subdivision Lot # # Bedrooms Proposed Lot Size | |
| TYPE OF SYSTEM | |
| New Installation [] Repair [Septic Tank [] Nitrification Lines | |
| [] Nitrification Lines | |
| Conventional [TOther 75% 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 Z # of lines per field Z Length of lines 120 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 inspection by the | 77 |
| | |
| he conditions of the Improvement Permit and that a valid Operations Permit has been issued. | |
| | 1 |
| Janes & Markey Louis | |
| Signiture of Authorized Agent for Harnett County | |
| Date | |