HARN 'COUNTY HEALTH DEPARTMI

HTE 05-5- 12374 IMPROVEMENT PERMIT 22165

Be it ordained by the Harnett County Board of Health as follows: Section of any building at which a septic tank system is to be used for disposal of from the Harnett County Health Department."		
Name: (owner) Todd + Lestre Gersler Property Location: SR# 1532 Langles ND		Septic Tank Nitrification Line
Subdivision_Banclays	Lot #	25
Tax ID #	Quadrant #	
Number of Bedrooms Proposed: 4 · 480 Lot Size	e: 4.91	
Basement with Plumbing: Garage:		
Water Supply: ☐ Well ☐ Public ☐ Community		
Distance From Well: 50' ft.		
Following is the minimum specifications for sewage disposal systeto final approval.	em on above caption	ed property. Subject
Type of system:	CON MANETER	
Size of tank: Septic Tank: 1200 gallons Pump Ta	ank: 1200 gallons	
Subsurface No. of exact length of each ditch_/33_ft.	width of ditches 3 ft.	
French Drain Required:Linear feet		
	7-77-05 Ames EN Denvironmental He *Constructor to 1 SITE Prior to System Type M May Change.	Panhantons ealth Specialist MET ON Installation Id Layout

HARNETT CC ITY DEPARTMENT OF PUB CHEALTH AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 22165 . This authorization shall be valid for a period not to average for (5)		
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 900 -892-7819		
Telephone #		
Name Told + Les/EE Bersler 910-892-7819 Telephone # 156 Ramifor DR Coats N.C. 275-21		
Property Location SR# Road Name		
Bancley 5 Z5 4 4.5. Subdivision Lot # Bedrooms Proposed Lot Size		
Subdivision Lot # Bedrooms Proposed Lot Size		
TYPE OF SYSTEM		
[New Installation [] Repair [Septic Tank [] Nitrification Lines		
[] Conventional [JOther Porp to Con Marstreff		
[] Basement [] With Plumbing [] Without Plumbing		
Water Supply: [] Well [Public Water Supply Minimum Well Setback:Ft.		
Septic Tank gal Pump Chamber gal gal		
NITRIFICATION FIELD SPECIFICATIONS		
Number of fields # of lines per field 3 Length of lines Ft.		
Width of ditches ft. Depth of ditches Zy inches		
French Drain: Linear feet required Depth of gravel		
No wastewater system shall be account 1 - 1 - 1 - 1		
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.		
r - state has been issued.		
simones & Marchant ands		
James Cylanhant 7-72-05		
Signature of Authorized Agent for Harnett County Date		