HAF TT COUNTY HEALTH DEPART! T

HTE 05-5-12803

IMPROVEMENT PERMIT

22196

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." New Installation Septic Tank Name: (owner) S. H. LINDSAY CONTRACTOR THE Property Location: SR#/452 Truelouk RD O ____ □ Repairs Nitrification Line Subdivision Taylor Pozut Tax ID# Number of Bedrooms Proposed: 3 Garage: Basement with Plumbing: Public Water Supply: ■ Well Community Distance From Well: 50 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: 1000 gallons Pump Tank: _____gallons Size of tank: No. of ditches 4 exact length of each ditch 60 ft. width of ditches 3 ft. Subsurface Drainage Field French Drain Required: _____ Linear feet Signed Manhant Environmental Health Specialist This permit is subject to revocation if site plans or intended use change. SEIBY COURT DID ROAD

AUTHORIZATION TO CONSTRUCT 05-5-12803

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 22/96. 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.
S. H. LENDSAY Contracting INC Name 919-524-7821 Telephone # Address Address Relief N.C. 27617
5519 Sonnell Crossing DR Ralas N.C. 27617
Property Location SR# Truelove (CD)
Tay long Possite 14 2800 -
Road Name Taylon Point: 14 Subdivision Lot # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
[] New Installation [] Repair [] Septic Tank [] Nitrification Lines
[] Conventional [] Other 25% 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 Length of lines 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 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 Remainstalled according to
the conditions of the Improvement Permit and that a valid Operations Permit has been issued.

9-1-05 Date

Signature of Authorized Agent for Harnett County