HTE# 05-5-1290322

IMPROVEMENT PERMIT 22767

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 writte permit from the Harnett County Health Department."
Name: (owner) Bellengs Construction Dec New Installation Septic Tank Repair
Property Location: SR# 1943 La Fay 6 Hr PD Nitrification Line Expansion
Subdivision Vectoria Hells Lot # 153
Tax ID# Quadrant # Number of Bedrooms Proposed: 3 366P5 Lot Size: 25,123 &FF
Basement with Plumbing: Garage:
Water Supply: Well Public Community
Distance From Well: ft. Following is the minimum specifications for sewage disposal system on above captioned property.
Subject to final approval
Type of system: Other 25% reduction system
Type of system. B conventional B other 2000 agreements
Size of tank: Septic Tank: gallons Pump Tank: gallons
Subsurface No. of exact length width of depth of
Subsurface No. of exact length width of depth of Drainage Field ditches ft. of each ditch 360 ft. ditches 3 ft. ditches 29 in.
French Drain Required:Linear feet
This permit is subject to revocation if site Date: 10-12-05 PERMIT EXPIRES 5 YEARS FROM ABOVE DATE
Replaces Signed James EManhantoner
Replaces Pennit Signed James Christian Environmental Health Specialist
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Date

HARNETT CONTY DEPARTMENT OF PUBHEALTH 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 #	
BELLING Construction INC 919-795-9464 Name Telephone # 10012 Crew Chapel Hall N.C. 27517 Address	
10012 Crew Chapel Hall N.C. 27517 Address	
Property Location SR# Road Name	
Property Location SR# Road Name	
V.H. (53 3 3608) 25,12359FT Subdivision Lot # Bedrooms Proposed Lot Size	
TYPE OF SYSTEM	
New Installation [] Repair [Septic Tank [] Nitrification Lines	
[] Conventional [] Other 25% red 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 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.	
5-M 1 1-15	
Signature of Authorized Agent for Harnett County Date	
TIME 11ME	