HTE# 05-5-17963

## **IMPROVEMENT PERMIT 22761**

| 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." |
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| Name: (owner) WINFREE-SCHEIDT Buddens New Installation Septic Tank Repair   |
| Property Location: SR# 1435 Tripp 17D  Subdivision Plantsfirm of Varioused  Nitrification Line  Expansion  Lot # 26   |
| Tax ID# Quadrant # Number of Bedrooms Proposed : 3 366 CPP Lot Size:  |
| /   |
| Basement with Plumbing:  Garage:  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: Conventional Other  |
| Size of tank: Septic Tank: gallons Pump Tank: gallons   |
| Subsurface No. of exact length width of depth of  Drainage Field ditches 2 ft. of each ditch 200 ft. ditches 3 ft. ditches 36-318 in.   |
| French Drain Required:Linear feet  Date: 9-79-05  |
| This permit is subject to revocation if site plans or intended use change.  PERMIT EXPIRES 5 YEARS FROM ABOVE DATE  |
| Signed Games E Manhart TE MS  |
| Environmental Health Specialist   |
| Environmental Health Specialist   |
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| Park -3   |
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| Souley Golley   |
| Vand. Gulley  |
| Z3' /3011-9   |
| ISON E Z3.  |
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## AUTHORIZATION TO CON RUCT

| Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit #  |
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| s with stilp, site plans, or intended use change  |
| Name  P.O. BOX 207 F.V. N.C. 2277-1   |
| P.O. BOX 207 F.V. N.C. 27576  Address   |
| Property Location SR#  TREPP RO   |
| Plandstin at Vansyard 26 Subdivision Lot # Bedrooms Proposed Lot Size   |
|   |
| TYPE OF SYSTEM  |
| [ ] New Installation [ ] Repair [ ] Septic Tank [ ] Nitrification Lines   |
| [ ] Conventional [ ] Other  |
| [ ] 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 Z   |
| Width of ditches ft. Depth of ditches inches Ft.  |
| French Drain: Linear feet required Depth of gravel  |
| No wastewater system shall be covered or all a live to the system |
| 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.  |
| TOOL 155UEU.  |
| James & Marchantons   |