HTE# 05-5-1300/R

IMPROVEMENT PERMIT 22359

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) A.L. CHAMPION Cowst IN New Installation Septic Tank Repair
Property Location: SR# /443 (Afaystty: 72) Subdivision V. /4. Nitrification Line Expansion Lot # /44
Tax ID# Quadrant #
Number of Bedrooms Proposed: 3 360 600 Lot Size: 47
Basement with Plumbing: Garage:
Water Supply: Well Public Community Distance From Well: 50' 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
Size of tank: Septic Tank: gallons Pump Tank: gallons
Subsurface No. of exact length width of depth of
Drainage Field ditches 3 ft. of each ditch 100 ft. ditches 3 ft. ditches 22 >18 ft.
French Drain Required:Linear feetLoate:Linear feet
This permit is subject to revocation if site plans or intended use change. PERMIT EXPIRES 5 YEARS FROM ABOVE DATE
Hold LINES Tight 5' Signed: Signed: Privironmental Health Specialist
Hold LINES TEAT 5' Signed: Signed: Privironmental Health Specialist Reprin
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52. 52.
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HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUTHORIZATION TO CONSTRUCT

Harnett County Department of Public F authorization shall be valid for a period	Health, Improver not to exceed fi	nent Permit #eve (5) years from	the date of issuance.	y This
This authorization will be invalid if on				
Name			Telephone #	_
A.L. CHAMPION Const Name 88 Colby UN Angree Address	N.C.	77501		
1943 Property Location SR#				
		110110111		
V. H. 144 Subdivision Lot #	3	310 api)	.47	
Subdivision Lot #	# Bedrooms P	roposed	Lot Size	
<u>T</u>	YPE OF SYS	STEM		
[New Installation [] Repair [Septic Tank	[Nitrificati	on Lines	
[] Conventional [Other 75%	Rediction	-Syph		
[] Basement [] With Plumbing [
Water Supply: [] Well [] Public	Water Supply I	Minimum Well Se	tback:Ft.	
Septic Tank gal	Pump Cha	mber	gal	
NITRIFICATION FIELD SPECIFICATIONS				
Number of fields# of lines	s per field	Length of li	nesFt.	
Width of ditches ft. Depth	of ditches 22	7/8 inches		
French Drain: Linear feet required	Depth of	gravel		
No wastewater system shall be covered	or placed into u	se hy any nerson y	intil an inspection best	
Harnett County Health Department has the conditions of the Improvement Perm	determined that	the system has be	en installed according to	0
James & Manha	for	2	1-17-06	
Signature of Authorized Agent for Harnett Coun	nty		Date	-