HTE# 05-5- 13040

IMPROVEMENT PERMIT 22754

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) Michael Anderson Homes New Installation Septic Tank Repair
Property Location: SR# 1443 La Pay 6Ha 1215 Nitrification Line Expansion
Subdivision V. H. Lot # 15Z
Tax ID# Quadrant #
Number of Bedrooms Proposed: Lot Size:
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: Conventional Other Mans the to 75% Red System
Size of tank: Septic Tank: gallons Pump Tank: gallons
Subsurface No. of exact length width of depth of Drainage Field ditches 4 ft. of each ditch 90 ft. ditches 3 ft. ditches 29 in.
French Drain Required: Linear feet
This permit is subject to revocation if site plans or intended use change. # 25% Reduction System WILL BG MIONED IT Demonstrated By Construction. # 1/2" sch 40 Values 50 of 2" supply Cane 2" of RISG.
BERGESON CT

AUTHORIZATION TO CONST UCT 05-5-13040

Harnett County Department of Public Health, Improvement Permit # 22759 authorization shall be valid for a period not to exceed five (5) years from the detection.	1.
This authorization will be invalid if ownership, site plans, or intended use change.	01.
Michael Anderson Homes Eve 919-552-1790	
Michael Anderson Homes Eve 919-552-1790 Telephone # 180 Wood I AND PETROLE DREUG F.V. N.C. 27524	
Property Location SR# Property Location SR#	
Noad Name/ Noad Name/ Subdivision Lot # Bedrooms Proposed Lot Size	-
TYPE OF SYSTEM	
[New Installation [] Repair [Septic Tank [Nitrification Lines	
[] Conventional [JOther Martist 75%, nol 355	
[] 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 # Length of lines \$	
Width of ditches ft. Depth of ditches inches 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 in the system.	77
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.	
James & Marchan Leeves	긴
Signature of Authorized Agent for Harnett County	