IMPROVEMENT PERMIT 22766

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) Kerth Bullack Buildens New Installation Septic Tank Repair
Property Location: SR# 1438 WEN DEWING Nitrification Line Z Expansion
Subdivision Adams Pointe Lot # 2
Tax ID# Quadrant # Number of Bedrooms Proposed: 3 360605 Lot Size: 58
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 approyal.
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 3 ft. of each ditch 100 ft. ditches 3 ft. ditches 24->18 in.
French Drain Required:Linear feet Date: /6-12-05
This permit is subject to revocation if site PERMIT EXPIRES 5 YEARS FROM ABOVE DATE
plans or intended use change.
Syn 10M8
Environmental Health Specialist
20 DENVIRONMENTAL TREATM Specialist
L 5 3 30'
Home 60
7401
70' 20'
reprie 60' 2
Ress lax

HARNETT CONTY DEPARTMENT OF PUB. CHEALTH AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system Harnett County Department of Public Health, Improvement Percent	rmit # 2.7.766 This	
authorization shall be valid for a period not to exceed five (5) y This authorization will be invalid if ownership, site plans, or it	ears from the date of issuance	
Name	Telephone #	
Name 77 Overlook CT Angien N.C. 7 Address	27501	
7438 Property Location SR#	WED DENWENG	
110		
Adams Powerth Z Subdivision Lot # Bedrooms Proposed	. 578	
TYPE OF SYSTEM	Lot Size	
[New Installation [.] Repair [Septic Tank []	Nitrification Lines	
[] Conventional [] Other		
[] Basement [] With Plumbing [] Without Plumbing		
Water Supply: [] Well [Public Water Supply Minimum	n Well Setback:Ft.	
Septic Tank gal Pump Chamber	gal	
NITRIFICATION FIELD SPECIA	FICATIONS	
Number of fields # of lines per field Le	ength of lines _/60 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	y parson until on inquestical and	
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.		
one & M. I. Long		
Signature of Authorized Agent for Harnett County	/0 - 12 - 05 - Date	