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E#	13211	

HARN

COUNTY HEALTH DEPARTMI

IMPROVEMENT PERMIT 22771

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 INC New Installation Septic Tank Repair
Property Location: SR# /443 Lafragette 120 Nitrification Line Expansion Lot # 122 Tax ID# Quadrant # Number of Bedrooms Proposed: 3 36660 Lot Size: 26,365 5464
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 25% Neduction 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 80 ft. ditches 3 ft. ditches 24 in.
French Drain Required:Linear feet Date:D- ZO-08
This permit is subject to revocation if site PERMIT EXPIRES 5 YEARS FROM ABOVE DATE
Plans or intended use change. Signed: Renvironmental Health Specialist Whomk Signed: Park Frank Fran

HARNETT C__NTY DEPARTMENT OF PULLIC HEALTH 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 # This authorization shall be valid for a period not to exceed five (5) years from the date of issuance. This authorization will be invalid if ownership, site plans, or intended use change.			
Michael Anderson Hones 918-552-1790 Telephone #			
180 WOOD UND REDGE DR F.V. N.C. 77576			
1943 roperty Location SR# Road Name			
W.H. Ph 6 172 3 3000 Us 3855yr ubdivision Lot # Bedrooms Proposed Lot Size			
TYPE OF SYSTEM			
New Installation [] Repair [Septic Tank [Nitrification Lines			
Conventional [Tother 75% Naturation Sight			
] Basement [] With Plumbing [] Without Plumbing			
Water Supply: [] Well [Public Water Supply Minimum Well Setback:Ft.			
eptic Tank gal Pump Chamber gal			
NITRIFICATION FIELD SPECIFICATIONS			
Tumber of fields # of lines per field Hength of lines Ft.			
Vidth of ditches ft. Depth of ditches ZY inches			
French Drain: Linear feet required Depth of gravel			
To 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.			
James & Mantant ans			
ignature of Authorized Agent for Harnett County Date			