HTE# 05.5-13281

IMPROVEMENT PERMIT 22268

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) was Developer (Wellons Really New Installation Septic Tank & Repair
Property Location: SR# 1435 TrippRd. Nitrification Line Expansion Depth of Vine yard Green Lot # 82 Tax ID# Quadrant #
Number of Bedrooms Proposed: 3 (36040d) Lot Size: .484c
Basement with Plumbing: Garage:
Water Supply: Well Public Community Distance From Well: Town ft.
Following is the minimum specifications for sewage disposal system on above captioned property.
Subject to final approval.
Type of system: Conventional Other 25 % leduct on 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 75 ft. ditches 3 ft. ditches 18-24 in
French Drain Required:Linear feet Date: ///3/2005
This permit is subject to revocation if site plans or intended use change. PERMIT EXPIRES 5 YEARS FROM ABOVE DATE
Maintain all retback Signed: June Moderal Mealth Specialist Environmental Health Specialist
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HARNET DUNTY DEPARTMENT OF 1 BLIC 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.
Name \$92-3/23 Telephone #
P.O. Box 310 Ang. er, N. C. 27501 Address
Property Location SR# Tr.pp Road Name
Plantat: and Vineyard Green F2 3 (360gcl) . 48 Ac Subdivision Lot # # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
[New Installation [] Repair [Septic Tank [Nitrification Lines
[] Conventional [] Other 25 To Reduction
[] 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# of lines per field# Length of linesFt.
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 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.
Super Medical Assert Courts