HTE# 05-5-13345

## **IMPROVEMENT PERMIT** 22779

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) Philip D Hantley New Installation Septic Tank Repair
Property Location: SR# 1435 Tripp (2)  Subdivision Plantation at Vensuard Brown  Lot # 57
Tax ID# Quadrant # Number of Bedrooms Proposed: 3, 36660 Lot Size: , 494
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% Reduction System
Size of tank: Septic Tank: gallons Pump Tank: gallons
Subsurface No. of exact length width of depth of Drainage Field ditches 1 ft. of each ditch ft. ditches 3 ft. ditches 22->16 in.
French Drain Required:Linear feet
This permit is subject to revocation if site 131.47  plans or intended use change.  Date: //-/4-65  PERMIT EXPIRES 5 YEARS FROM ABOVE DATE
Signed: Signed: Environmental Health Specialist  **STEP DOWN 5
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## HARNETT CC\_\_ITY DEPARTMENT OF PUE\_\_C HEALTH AUTHORIZATION TO CONSTRUCT

Harnett County Department of Public Health, Improvement Permit #
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.
Philip D Hartley Name  919-457-7787 Telephone #
403 West D' ST Gravi μ.c. 28339 Address
Property Location SR#  Road Name
Plantative at 57 3 36667 .484 Subdivision Lot # Bedrooms Proposed Lot Size  TYPE OF SYSTEM
Subdivisition Edit # Bedrooms Hoposed Edit Size
TYPE OF SYSTEM
[ New Installation [ ] Repair [   Septic Tank [   Nitrification Lines
[ ] Conventional [ ] Other 25% rodution Syst
[ ] 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 lines 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 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.
Sant I Dens
Signature of Authorized Agent for Harnett County  Date
Date 1. Idamonico rigoni io riamoni codini,