IMPROVEMENT PERMIT 22787

| Be it ordained by the Harnett County Board of Health as follows: Sconstruction of any building at which a septic tank system is to be used for depermit from the Harnett County Health Department." | |
|---|---|
| Name: (owner) STEPHEN + CHANETY Small New Insta | allation 🛮 Septic Tank 🗗 Repair 🗖 |
| Property Location: SR# 1704 TElshow Nitr Subdivision Sentley woods Tax ID# | ification Line Expansion Lot # Quadrant # |
| Number of Bedrooms Proposed: 3 360GPD | Lot Size: 1.40 ~~ |
| Basement with Plumbing: Garage: Garage: | |
| Water Supply: Well Public Community | |
| Distance From Well: ft. | tom on above continued accounts |
| Following is the minimum specifications for sewage disposal sys Subject to final approval. | |
| Type of system: Other Manstee + | 0 25% Reduction Syst |
| Size of tank: Septic Tank: gallons Pump Tank: | gallons |
| Subsurface No. of exact length of each ditch ft. of each ditch ft. | width of depth of depth of ft. ditches 24-718 in. |
| French Drain Required:Linear feet | |
| | //-21-05 |
| plans or intended use change. | IT EXPIRES 5 YEARS FROM ABOVE DATE |
| | 0 2001 1 1008 |
| Signed: | Environmental Health Specialist |
| \//\\\ | We - 1 - 0 |
| // \\\\\ | Contractor to MGGT ON STIE |
| | MESTOWSTIE |
| // '=\]// | Prior to Any |
| | Work BEING PUMP SPECS |
| /U/. \(\varphi\) | DONE. 40 you @ 21 |
| 16 593 | |
| | Manz HEE Specs |
| /= 81 > with | 3-3/4" SCHYO VALUES |
| 0 0 | 2" supply LENS - 160" |
| / 100° \\\[\frac{1}{2}\\\ | 7 of Elevation DEFFERENCE. |
| / ' 1 ^e \) | 2' PRESSURE HEND |
| C201101 22510 ms 77 50 | 1704 Tilghonou RD > |
| GRAVE DRENG OUT TO SR | 1104 ITIGUES NO 79 |

HARNETT COL TY DEPARTMENT OF PUBL HEALTH AUTHORIZATION TO CONSTRUCT

| Name STEPHEN + CHMITY SNELL Telephone # Telephone # Telephone # 1704 Property Location SR# Road Name Bently woods 5 3 (20 g al) 1.40. Subdivision Lot # Bedrooms Proposed Lot Size | |
|--|--|
| Property Location SR# Road Name Road Name Subdivision Lot # Bedrooms Proposed Lot Size | |
| Bently woods 5 3 (2092) 1.40. Subdivision Lot # Bedrooms Proposed Lot Size | |
| | |
| | |
| TYPE OF SYSTEM | |
| [New Installation [] Repair [] Septic Tank [] Nitrification Lines | |
| [] Conventional [YOther Marsette to 25% Reduction System | |
| [] 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. | |
| Signature of Authorized Agent for Harnett County Date | |