IMPROVEMENT PERMIT 22795

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) Langy Frances Ovelder New Installation Septic Tank Repair
Property Location: SR# 1407 WADE STEPHENSON Nitrification Line Expansion Lot # 10
Tax ID# Quadrant # Number of Bedrooms Proposed : 1 Source Lot Size: 5.26Acc
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: 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 4 ft. of each ditch 100 ft. ditches 5 ft. ditches 20-18 in
French Drain Required:Linear feet Date: /2-8-05
This permit is subject to revocation if site plans or intended use change. PERMIT EXPIRES 5 YEARS FROM ABOVE DATE
Signed: Environmental Health Specialist
*Constructor to MEST
IN STITE Print
Trustallation.
* Anon TO BE Clamed,
NO TREES EN DRITHEELD AND.
ANKA.
135 Y 35 Y
20' DAMENAGE EASERGRY AGE
SCHOOL TO

HARNETT COUNTY DEPARTMENT OF I UDLIC HEALTH AUTHORIZATION TO CONSTRUCT

Harnett County Department of Public	Health, Improvement Pern	o the specifications desc nit # 22795	ribed by . This	
authorization shall be valid for a period This authorization will be invalid if of	ed not to exceed five (5) yes	ars from the date of issu	ance.	
Name	<u>*</u>	919-552-8	2007	
Tvaine .		relephone #		
P.O. BOX 305 F.N. N.	1.C. 27576			
1400		I MAC STLANGES	1)	
Property Location SR#		Road Name		
Feeldstre Grans 10. Subdivision Lot #	3 3606PD	5.26 max		
Subdivision Lot #	# Bedrooms Proposed	Lot Size		
-	TYPE OF SYSTEM			
[New Installation [] Repair [Septic Tank []	Vitrification Lines		
[] Conventional [Tother 25	% Reduction Syst			
[] Basement [] With Plumbing [] Without Plumbing			
Water Supply: [] Well [] Publ	ic Water Supply Minimum	Well Setback:	Ft.	
Septic Tank //000 ga	l Pump Chamber		gal	
NITRIFICAT	TION FIELD SPECIF	<u>ICATIONS</u>		
Number of fields# of lin	les per field H Les	ngth of lines _/00	Ft.	
Width of ditches ft. Depth of ditches inches				
French Drain: Linear feet required	Depth of gravel			
No wastewater system shall be covered	ed or placed into use by any	unerson until on ingrest	on by #1-	
Harnett County Health Department has the conditions of the Improvement Pe	as determined that the syste	em has been installed acc	cording to	
A	P			
4 - 4 -				
Signature of Authorized Agent for Harnett Co	ounty	12-8-0	·	
Signature of Authorized Agent for Hamelf (.)	OUHLV	Llate		