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."

IMPROVEMENT PERMIT 22841

Name: (owner) HENRY SPEARS	New Installation Septic Tank Repair
Property Location: SR# 1769 Ou	Nitrification Line Expansion
Subdivision HENRY LEWIS See	
Tax ID#	Quadrant #
Number of Bedrooms Proposed: 3	360 yed) Lot Size: 1AC
Basement with Plumbing: Garage	
Water Supply: Well Publi	c Community
Distance From Well: 100	ft.
	ons for sewage disposal system on above captioned property.
Subject to final approval.	PumpTo
	Other 25% REDUCTION SYSTEM
Size of tank: Septic Tank: 1000	gallons Pump Tank: 1000 gallons
Subsurface No. of Drainage Field ditches	exact length width of depth of of each ditch 1/3 ft. ditches 3 ft. ditches in.
French Drain Required: 138	Linear feet Date: 4\5\06
This permit is subject to revocation i	f site PERMIT-EXPIRES 5 YEARS FROM ABOVE DATE
plans or intended use change.	16/1 10
*FRENCH DRAIN	Signed: Whas COLIVER TOLKEROF
138' LONG	Environmental Health Specialist
MINIMUM 36"DEEP	SONO FIPE 270
* 8UMP	11
230pm@14.37	TIL
3. 3. 11.	75' 4
*MAINTAIN ALL SETBACKS	SYSTEM X60'
*CALL WITH ANY	REPAIR R
QUESTIONS PRIOR	VE 50'
	l V

HARNETT COUNTY DEPARTMENT OF PUBLIC 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.		
HENCY L SPEARS 980-1834		
Name Telephone #		
PO Box 166 Ermin NC 28339		
1769 OLO STAGE BO		
Property Location SR# Road Name		
HENONLENS SPEARS B1 3(3600) 1 AC Subdivision Lot # # Bedrooms Proposed Lot Size		
TYPE OF SYSTEM		
New Installation [] Repair Septic Tank Nitrification Lines		
[] Conventional Other Pume To 25% REDUCTION SYSTEM		
[] Basement [] With Plumbing [] Without Plumbing		
Water Supply: [] Well Public Water Supply Minimum Well Setback: 160 Ft.		
Septic Tank VOOO gal Pump Chamber VOOO 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 \\ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
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.		
The state of the s		
Signature of Authorized Agent for Harnett County		