HTE# 05 -5-13685

## **IMPROVEMENT PERMIT** 22351

Be it ordained by the Harnett County Board of Health as construction of any building at which a septic tank system is to be permit from the Harnett County Health Department."	used for disposal of sewage without first obtaining a written
Name: (owner) DONAID SANDERFORD	New Installation Septic Tank Repair
Property Location: SR# 1705 010 facustored Subdivision Loigh Lavnel	Nitrification Line Expansion Lot #
Tax ID# Number of Bedrooms Proposed: 4 480600	Quadrant #
Number of Bedrooms Proposed: 4 486600	Lot Size: ,79acce
Basement with Plumbing:  Garage:	
Water Supply:  Well Public Commun	ity
Distance From Well:ft.	
Following is the minimum specifications for sewage dis	posal system on above captioned property.
Subject to final approval.	
Type of system:  Conventional  Other 25%	Reduction System
Size of tank: Septic Tank: gallons Pump	•
Subsurface No. of exact length Drainage Field ditches Z ft. of each ditch 12	width of depth of t. ditches 3 ft. ditches in.
French Drain Required:Linear feet	Date: 12-29-05
This permit is subject to revocation if site	PERMIT EXPIRES 5 YEARS FROM ABOVE DATE
plans or intended use change.	
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A A	Signed: Environmental Health Specialist
plans or intended use change.	Environmental Health Specialist
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05-5-13685

## HARNET COUNTY DEPARTMENT OF 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 will be invalid if ownership, site plans, or intended use change.	
DONALD SANGERFORD  Name  7.0. Box 1879 Mystle Besch 5.C. 29578  Address	
P.O. BOX 1879 Mystle Beach 5.C. 29578  Address	
Property Location SR#  OID FATUS ROAD Name	
Lot # Bedrooms Proposed Lot Size	
[ ] New Installation [ ] Repair [ ] Septic Tank [ ] Nitrification Lines	
[ ] Conventional [ ] Other 25% Red 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.	
Signature of Authorized Agent for Harnett County	