HTE# 05-50013719

IMPROVEMENT PERMIT 22444

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) Mike Green B. den New Installation Septic Tank Repair Property Location: SR# 1227

Subdivision AVA'S Ridge

Tax ID#

Number of Bedrooms Proposed: 3(73×77)363 god

Nitrification Line Expansion Line Lot # 4

Lot # 4

Lot Size: 0,57 Ac Basement with Plumbing: Garage: Distance From Well: 50 ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system: Conventional Other Size of tank: Septic Tank: _____ gallons Pump Tank: _____ gallons No. of ditches $\frac{4}{5}$ exact length $\frac{75}{5}$ ft. ditches $\frac{3}{5}$ ft. depth of ditches $\frac{1824}{5}$ in. Subsurface Drainage Field French Drain Required: Linear feet Date: 01-19-06 This permit is subject to revocation if site PERMIT EXPIRES 5 YEARS FROM ABOVE DATE plans or intended use change. Signed: Environmental Health Specialist 200 110 22 LOPPHARACE 125 128 50 DRIVE Meet on site STUB Out Phinosing shallow (Atgrandlevelor higher) where shown Maintain All Set Backs

HARNETT CC NTY DEPARTMENT OF PUP' IC HEALTH AUT_ORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 22444 . 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. Name Telephone #
Telephone #
Address
Property Location SR#
Property Location SR# Road Name AVA J R. dg 4 3 (73x37) 363 gg 6 57 æ Subdivision Lot # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
New Installation [] Repair Septic Tank Nitrification Lines
Conventional [] Other
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well Public Water Supply Minimum Well Setback: 50 Ft.
Septic Tank gal Pump Chamber gal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field 4 Length of lines 7
Width of ditches ft. Depth of ditches ft. Depth of ditches ft.
French Drain: Linear feet required Depth of gravel
Deput 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 Remaind to
the conditions of the Improvement Permit and that a valid Operations Permit has been installed according to
Signature of Authorized Agent for Harnett Country Ol-19-06
Signature of Authorized Agent for Harnett County Date