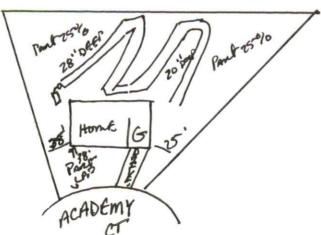
1

IMPROVEMENT PERMIT 22362

| Be it ordained by the Harnett County Board of Health a construction of any building at which a septic tank system is to permit from the Harnett County Health Department." | as follows: Section III, Item B. "No person shall begin be used for disposal of sewage without first obtaining a written |
|--|---|
| Name: (owner) Bennand Young | New Installation Septic Tank Repair |
| Property Location: SR# 1563 Bill Avery | Nitrification Line Expansion |
| Subdivision THE GIEN | Lot # <u>4</u> |
| Tax ID# | Quadrant # |
| Number of Bedrooms Proposed: 3 3606PN | Lot Size: .57 Acre |
| Basement with Plumbing: Garage: | |
| Water Supply: Well Public Communication Co | unity |
| Distance From Well: ft. | |
| Following is the minimum specifications for sewage d | disposal system on above captioned property. |
| Subject to final approval. Type of system: Conventional Other 25? | 20112 |
| Type of system: | "> Meduction system |
| Size of tank: Septic Tank: _/ooo _ gallons Pun | np Tank: gallons |
| Subsurface No. of exact length Orainage Field ditches ft. of each ditch | |
| French Drain Required:Linear feet | |
| | Date: |
| This permit is subject to revocation if site plans or intended use change. | PERMIT EXPIRES 5 YEARS FROM ABOVE DATE |
| | Signed James & Monhand Ores. Environmental Health Specialist |
| | *START AT 28'-Am-P |
| | Work Towards |
| | 20" DEEP. |
| 1 2 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | <u></u> |



HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUTHORIZATION TO CONSTRUCT

| Harnett County Department of Public Health, Improvement Permit # 22362. 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. | | | |
|--|------------------------------------|---------------------------|----------------------------------|
| Benamel Y | óvis | | 919-639-2934 Telephone # |
| 3485 Johnst | on a RD | Argier N.C. | 27501 |
| 1563 | | | Bill Avesy Road Name |
| Property Location SR# | | | Road Name |
| THE GIEN | 4 | # Bedrooms Proposed | 5-7 |
| Subdivision | Lot# | # Bedrooms Proposed | Lot Size |
| | <u>TY</u>] | PE OF SYSTEM | |
| | | eptic Tank [] Nitr | |
| [] Conventional [Other 25% Reduction Eight | | | |
| [] 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 | 2 # of lines po | er field Z Lengt | h of lines /2 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 ne | erson 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 Ag | Manhant gent for Harnett County | Lanz | 1-19-06 Date |