IMPROVEMENT PERMIT 22368

Be it ordained by the Harnett County Board of Health a construction of any building at which a septic tank system is to be permit from the Harnett County Health Department."	e used for disposal of sewage without first obtaining a written
Name: (owner) Beauth Yours	New Installation Septic Tank Repair
Property Location: SR# 1563 Bill Avery Subdivision THE GEN	Nitrification Line Expansion Lot # 12
Tax ID#	Quadrant # Lot Size:
Number of Bedrooms Proposed : 3 3606PD	Lot Size: 1.37
Basement with Plumbing: Garage:	
Water Supply: Well Public Commu	nity
Distance From Well:ft.	
Following is the minimum specifications for sewage d	sposal system on above captioned property.
Subject to final approval.	
Type of system: Conventional Other Pun	pto Monotet 25% Reduction Syst-
Size of tank: Septic Tank: gallons Pum	p Tank: gallons
Subsurface No. of exact length Drainage Field ditches	width of depth of ft. ditches 3 ft. ditches 24 7/8 n.
French Drain Required:Linear feet	Date: 1-24-06
This permit is subject to revocation if site plans or intended use change.	PERMIT EXPIRES 5 YEARS FROM ABOVE DATE
	Signed: Opene & Manhantons
C	Environmental Health Specialist
SE L NE	# 3 34" SCH40 VALVES
CE AII	a PRESSURE HEAD
\$ 1 m	2" SCHHO PIPE
11 (38)	40gpm@ 21'TDH
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HARNE 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 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 Servand Young Name 915-756-0565 Telephone # Address Address
3485 Johnston CO Red Angien N.C. 27501 Address
Property Location SR# Bill Avery Road Name
11/16/61620 12 3 3606PD 137 Subdivision Lot # # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
[New Installation [] Repair [Septic Tank [] Nitrification Lines
[] Conventional [JOther Manueless - 25% had system
[] 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 3 Length of lines/00 Ft.
Width of ditches ft. Depth of ditches 24-78 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 Date