HTE# 06-5-13809

IMPROVEMENT PERMIT 22367

	Harnett County Board of Health as follows: Section III, Item B. "No person shall begin which a septic tank system is to be used for disposal of sewage without first obtaining a written ty Health Department."
Name: (owner) Bernane	New Installation Septic Tank Repair
Property Location: SR#	Nitrification Line Expansion Lot # 14
Tax ID# Number of Bedrooms Propo	Osed: Quadrant #
Basement with Plumbing:	
Water Supply:	Public Community
Distance From Well: Following is the minimum Subject to final approval.	specifications for sewage disposal system on above captioned property.
Type of system:	ventional Other 25% Reduction Sys - "Man = 456"
Size of tank: Septic Tank: _	1000 gallons Pump Tank: 1000 gallons
Subsurface No. of Drainage Field ditches _	exact length width of depth of ft. ditches 5 ft. ditches 24 in.
French Drain Required:	Linear feet Date: /- 24-06
This permit is subject to r	
plans or intended use char	nge.
3 - 3/4" sch 40 TAPS	Environmental Health Specialist Continuetor to Continuet Environmental Health Specialist Environmental Health Specialist Continuetor to Continuetor Environmental Health Specialist Environmental Health Specialist Continuetor to Continuetor Environmental Health Specialist Environmental Health Special
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HARNETT COUNTY DEPARTMENT OF J SLIC 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.		
Benvand Young 518-766-0565 Name Telephone #		
3486 Johnston Co RD Angrein N.C. 27501		
Property Location SR# Road Name		
THE GIEN 14 3 360 GPB .57 Subdivision Lot # Bedrooms Proposed Lot Size		
TYPE OF SYSTEM		
[] New Installation [] Repair [] Septic Tank [] Nitrification Lines [] Conventional [] Other More that - 25% real 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.		
James EManhant one 1-24-06 Signature of Authorized Agent for Harnett County		