## **IMPROVEMENT PERMIT** 22358

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) Dany Hu6HES New Installation Septic Tank Repair
Name: (owner) Dany H16HES  Property Location: SR# 1443 LafrageHEALS  Subdivision V. H.  Tax ID#  Number of Bedrooms Proposed: 3 3606PD  New Installation Septic Tank Repair  Nitrification Line Expansion  Quadrant #  Quadrant #  Lot Size: 27, 432 55FT
Basement with Plumbing: Garage:
Water Supply:  Well Public Community  Distance From Well: ft.
Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.
Type of system:  Other 25% Reduction System
Size of tank: Septic Tank: gallons Pump Tank: gallons
Subsurface No. of exact length width of depth of 30-22-18  Drainage Field ditches Z ft. of each ditch 150 ft. ditches 3 ft. ditches 30-712-18 in.
French Drain Required:Linear feet Date: /-/7-06
This permit is subject to revocation if site PERMIT EXPIRES 5 YEARS FROM ABOVE DATE plans or intended use change.
Signed Signed Environmental Health Specialist  Environmental Health Specialist  The state of the
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## HARNETT COUNTY DEPARTMENT OF PUBLIC 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 # 22358. 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.
Dany Au6HES 1 919-669-5369  Name Telephone #
3055 OID BUTPS (ROCK IZD Angien N.C.
1943 Property Location SR#  Road Name
V.H. 142 3 34000 27.000 Subdivision Lot # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
[ ] New Installation [ ] Repair [ ] Septic Tank [ ] Nitrification Lines
[] Conventional [ )Other 75% nedwelve 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 Z Length of lines /50 Ft.
Width of ditches ft. Depth of ditches ft. Depth of ditches ft. Depth of ditches ft.
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
Signature of Authorized Agent for Harnett County  Date