HTE# 06-500 13824 RR

IMPROVEMENT PERMIT 22528

construction	it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No person shall begin n of any building at which a septic tank system is to be used for disposal of sewage without first obtaining a written the Harnett County Health Department."		
Name: (ow	vner) Oprid Lind New Installation Septic Tank Repair		
Property L	ocation: SR# 1/7 & Vic reath Rd Nitrification Line Expansion		
Tax ID#	Ouadrant #		
Subdivision Baffels Lake Tax ID# Number of Bedrooms Proposed: 3(42×59) 363 564 Lot # 18 Quadrant # Lot Size: 35 Ac			
Basement with Plumbing: Garage: Duc 73 Aje of Lot (1967) Rypaid not			
Water Sup	with Plumbing: Garage: Duc 73 Age of Lot Size: 35 Ac with Plumbing: Garage: Duc 73 Age of Lot (1967) Repair Property Community Prom Well: SD ft. Lot Size: 35 Ac Duc 73 Age of Lot (1967) Repair Property Community Required, Also and have 5' Set Back From Well: 50 ft.		
	g is the minimum specifications for sewage disposal system on above captioned property.		
Subject to	o final approval.		
Type of sy	ystem: Conventional De Other Prop to 25% Reduction 5457Em		
Size of tan	nk: Septic Tank: 1000 gallons Pump Tank: 1000 gallons		
Subsurface No. of Drainage Field ditches 4 ft. of each ditch 45 ft. ditches 3 ft. depth of ditches in.			
French Drain Required:Linear feet Date: 02-21-06			
	nit is subject to revocation if site PERMIT EXPIRES 5 YEARS FROM ABOVE DATE		
	Meet onsite for Final Laguet Signed: Ja Wall		
To	Environmental Health Specialist		
	10. Road Direntmater Diversion - 10		
	Drive 1.0		
2) -	GARSC JBR		
6	R B R B R Resement		
r	BASEMENT BASEMENT		
85	1 6 6 6		
00	93' 55' 45'		
Mar S	95		
	15: \$5:		
In	1951		
	Maintain All set Backs - Tranks must Be 15 from Mouse with		
	Baxment.		

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewar Harnett County Department of Public Health, Improvauthorization shall be valid for a period not to exceed This authorization will be invalid if ownership, site	five (5) years from the date of issuance.		
David Lind			
Name	Telephone #		
Address			
C SAME SCORE			
Property Location SR#	Road Name		
	CG 25		
Subdivision Lot # Bedrooms	Proposed Lot Size		
TYPE OF SY			
New Installation [] Repair Septic Tank	Nitrification Lines		
New Installation [] Repair Septic Tank [] Conventional Other Conventional Other Conventional Other Ot	25% Reduction SYSTEM		
[] Basement [] With Plumbing [] Without Plum			
Water Supply: [] Well [] Public Water Supply Minimum Well Setback:Ft.			
Septic Tank gal Pump Ch	amber gal		
NITRIFICATION FIELD	SPECIFICATIONS		
Number of fields # of lines per field	4 Length of lines 45 Ft		
Width of ditches ft. Depth of ditches	inches OF 25% Reduction		
French Drain: Linear feet required Depth o			
No wastewater system shall be covered or placed into a Harnett County Health Department has determined that	t the system has been installed according to		
the conditions of the Improvement Permit and that a va	lid Operations Permit has been issued.		
Que l'Aly	0221-36		
Signature of Authorized Agent for Harnett County	Date		