IMPROVEMENT PERMIT 22517

		g at which a sept				person shall begin out first obtaining a w	ritten
Name:	(owner) Bill	Clark +	tomes	New Installat	tion S eptic	Tank 🛭 Repair 🕻]
Propert Subdiv	y Location: SR#	# 1139 7	Tingen Pd	_ Nitrifica	ation Line 💆 I Lot	Expansion # 2 Ac	
				Lot	Size: .347	Ac	
Basem	ent with Plumbin	g: Garage	: ⊠				
			ic Commu	ınity			
	ce From Well:						
	ing is the minim t to final approv	-	ions for sewage d	isposal system	on above capti	oned property.	
			Other				
Type o	i system.	Conventional	Other				
Size of	tank: Septic Tan	k: 1000	gallons Pum	np Tank:	gallons		
Subsur Draina	face No. o ge Field ditche	f esft.	exact length of each ditch	wid ft. ditc	th of hesft.	depth of ditches 18-24	_in.
French	Drain Required:		Linear feet	Date: 02	2 17-06		
This p	ermit is subject	to revocation i	if site			S FROM ABOVE DA	TE
plans	r intended use	change.	OI In Chall				
	Mut onlite-	574B DA	plumbing s mil		0 1 20	71	
	At Ground	evel or highe	Plumbing Shall - where 156	Signed :	Unvironmental	Health Specialist	
	Show					Health Specialist	
		(8)	110	100	110		1
			, //			1	9
	DRIVE	6		/ / /		MP	
. ,	36				/	0	
Rd				////	,	Repair	
` .	, 10	3Br				69'	8.
98	Mil	62×44					
	Pepa'r	62		/ / /			
	I.c.		/				
		18	110	1,.			
	M. L.	+	1	51			
	STUBOUT Plumbing shallow (Groundleve (or higher) where shown						
	374834	Il cat D	-11 -				
	MAINTAIN	ALL SET DE	TC				

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH THORIZATION TO CON RUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 225/7. This authorization shall be valid for a period not to exceed five (5) years for the last of the provided in the specifications described by authorization shall be valid for a period not to exceed five (5) years for the last of the provided in t						
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. Silvery Name Telephone #						
Name Telephone #						
Address						
1139						
Property Location SR# Road Name 7 7 7 8 8 8 8 8 8 8 8 8 8						
Subdivision Lot # # Bedrooms Proposed Lot Size						
TYPE OF SYSTEM						
New Installation [] Repair Septic Tank Nitrification Lines						
Conventional [] Other						
[] Basement [] With Plumbing [] Without Plumbing						
Water Supply: [] Well						
Septic Tank gal Pump Chamber gal						
NITRIFICATION FIELD SPECIFICATIONS						
Number of fields # of lines per field Length of lines 200 Ft						
Width of ditchesft. Depth of ditchesft.						
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 Howard S						
Signature of Authorized Agent for Harnett County						

Date