## **IMPROVEMENT PERMIT** 22379

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) Joseph Butt AIGN New Installation Septic Tank Repair
Property Location: SR# 1435 Trupp res Nitrification Line Expansion Lot # 38  Tax ID# Quadrant #  Number of Bedrooms Proposed: 36m 360 GPD Lot Size: 159
Number of Bedrooms Proposed: 360 GPD Lot Size: .59
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:   Conventional Other 25% Redoction System
Size of tank: Septic Tank: _/ooo gallons Pump Tank:/ooo gallons
Subsurface No. of exact length width of depth of Drainage Field ditches 3 ft. of each ditch 100 ft. ditches 3 ft. ditches 3 in.
French Drain Required:Linear feet Date:Date:
This permit is subject to revocation if site  PERMIT EXPIRES 5 YEARS FROM ABOVE DATE
plans or intended use change.
plans or intended use change.  Signed: Signed: Environmental Health Specialist
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*MANATER
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BOX //
SUPREME

## HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUTHORIZATION TO CONSTRUCT

Authorization is hereby g Harnett County Departm authorization shall be val This authorization will be	ent of Public He lid for a period i	ealth, Improvemer not to exceed five	nt Permit #_ (5) years fro	22379 om the date of issu	This
Joseph Bre	H ALIEN			910 - 814 - 2 Telephone #	וגדיג
6311 01D 05 Address	421 CZ11	Egle N.C	. 2754	16	
Property Location SR#			Try	op RD d Name	
PV6 Subdivision	38 Lot #	# Bedrooms Propo	<b>3606P</b> 0	Lot Size	
		PE OF SYSTI			
[ New Installation [ ]	Repair [ ]	Septic Tank	[   Nitrific	ation Lines	
[ ] New Installation [ ] [ ] Conventional [ ]	Other 25%	Reduction	Syst	Manufoto 1	
[ ] Basement [ ] With P					
Water Supply: [ ] Well	[ ] Public V	Water Supply Min	imum Well	Setback:	Ft.
Septic Tank/000	gal	Pump Chambe	er 100	<u>o</u> g	al
NIT	RIFICATIO	ON FIELD SPE	CIFICAT	TIONS	
Number of fields	# of lines p	per field 3	_ Length of	lines /00	Ft.
Width of ditches3	ft. Depth of	f ditches 24	inches		
French Drain: Linear feet	required	Depth of gra	vel	_	
No wastewater system sha Harnett County Health De he conditions of the Impro	partment has de	termined that the	system has b	een installed acco	ording to
James & T	Ma Can X	long		2-11	
Signature of Authorized Agent	for Harnett County			<b>2-16-0</b> Date	6