HTE# 06-5-14169

IMPROVEMENT PERMIT 22397

Be it ordained by the Harnett County Board of Health as construction of any building at which a septic tank system is to be permit from the Harnett County Health Department."		
Name: (owner) S+B Framing	New Installation 🗖	Septic Tank Repair
Property Location: SR# 1435 Tripp 120 Subdivision PVG		e Z Expansion \square
Subdivision PVG		Lot # _39
Tax ID# Number of Bedrooms Proposed : 3 366 6PD	Quad	lrant #
	Lot Size:	. 482
Basement with Plumbing: Garage:		
Water Supply: Well Public Commun. Distance From Well: ft.	ity	
Following is the minimum specifications for sewage dis	posal system on abov	e captioned property.
Subject to final approval		
Type of system: Conventional Other <u>75%</u>	Reduction Sys 1	-
Size of tank: Septic Tank: _/ooo gallons Pump	Tank: ga	allons
Subsurface No. of exact length	width of	depth of
Subsurface No. of exact length Drainage Field ditches Z ft. of each ditch 15	ft. ditches 3	ft. ditches <u>35 → 18</u> in.
French Drain Required:Linear feet	Date:	-06
This permit is subject to revocation if site		5 YEARS FROM ABOVE DATE
plans or intended use change.		
NOT TO CLEAR 1	~!I	EMondon tens
	Signed	amontal Health Specialist
× - 10 =	C Environ	nmental Health Specialist
*WOODED		- Jak Pli
AREA		10'96 P/L
TOBE	_	
CIRALED		
/ 6./		1 /
& Home	rela aux	
1000	Reduction Repair	
24' / 21 94'	repair	
F' 72 15/31'	` /	
1/37		
40		
SUPREME		
DRIVE		

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUTHORIZATION TO CONSTRUCT

Harnett County Department of Public Health, Improvement Permit #		
S+B Frants 919-669-8773 Name Telephone #		
5741 Spence FARM RD Holly Springs N.C. 27540		
Property Location SR# TRIP RIS Road Name		
PV6 39 3 3606PD . 48 2 Subdivision Lot # # Bedrooms Proposed Lot Size		
TYPE OF SYSTEM		
[] New Installation [] Repair [] Septic Tank [] Nitrification Lines		
[] Conventional [+Other 25% ReDuction Tyst-		
[] Basement [] With Plumbing [] Without Plumbing		
Water Supply: [] Well [Public Water Supply Minimum Well Setback:Ft.		
Septic Tankgal Pump Chambergal		
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.		
Signature of Authorized Agent for Harnett County Date		