HTE#06-5-14200

## **IMPROVEMENT PERMIT 22396**

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) BEllengs Construction Free New Installation Septic Tank Repair
Name: (owner) BEllews Construction Five New Installation Septic Tank Repair Property Location: SR# 1443 Laffayette 12D Nitrification Line Expansion Lot # 133  Tax ID# Quadrant #
Number of Bedrooms Proposed: 3 3606Pb Lot Size: 59mc
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 15% Reduction System
Size of tank: Septic Tank: gallons Pump Tank: gallons
Subsurface No. of exact length width of depth of Drainage Field ditches 4 ft. of each ditch 80 ft. ditches 3 ft. ditches 22 718 in.
French Drain Required: Linear feet Date: 3-15-06
This permit is subject to revocation if site PERMIT EXPIRES 5 YEARS FROM ABOVE DATE
Plans or intended use change  Signed

## HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUTHORIZATION TO CONSTRUCT

Authorization is hereby give Harnett County Department authorization shall be valid f	of Public Hea for a period no	olth, Improve to exceed	ement Permit # five (5) years	from the date of issu	. This	
This authorization will be in Belltuse Construe					9464	
BELLTUS Construe Name  10012 Cnew Ch Address	lapel H	tell.	N.C. 27	?57.7		
1443 Property Location SR#				Face Ale RD		
V. 14. Subdivision	/33	3	3606PD	159 ren		
Subdivision				Lot Size		
[ New Installation [ ] Re		PE OF SY eptic Tank		fication Lines		
[ ] Conventional [ ] Ot	ner 25% R	eduction	- 5gst	_		
[ ] Basement [ ] With Plum						
Water Supply: [ ] Well	[ Public W	ater Supply	Minimum We	ell Setback:	Ft.	
Septic Tank	gal	Pump Cha	amber		gal	
NITRIFICATION FIELD SPECIFICATIONS						
Number of fields Z	_# of lines pe	er field	Length	of lines 30	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	NANT Harnett County	lous		3-15-c	06	