IMPROVEMENT PERMIT 22861

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) Rayron Buldens New Installation Septic Tank Repair
Property Location: SR# 1429 Chalubeate 128 Nitrification Line Expansion
Subdivision Deoren Preso Lot # 9
Tax ID# Quadrant #
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% Reduction Syst
Size of tank: Septic Tank: gallons Pump Tank: gallons
Subsurface No. of exact length width of depth of Drainage Field ditches 3 ft. of each ditch 60 ft. ditches 3 ft. ditches 26 7/8 in.
French Drain Required: Linear feet Date: 3-25-06
This permit is subject to revocation if site plans or intended use change. PERMIT EXPIRES 5 YEARS FROM ABOVE DATE
Signed James EMantantons Environmental Health Specialist
- PART 25% PROME 15. 15. 15. 15. 15. 15. 15. 15
OVERBYCT

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # This 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.		
Raywon Builders	919 - 635 - 7011 Telephone #	
Name /	Telephone #	
1281 Tackson Kenz RD WEllow Springs N.C.	27592	
Property Location SR# Road	Myberke	
Property Location SR# Road Name		
Devterpoid 9 30Pm 360CPD Subdivision Lot # Bedrooms Proposed	-345	
Subdivision Lot # # Bedrooms Proposed	Lot Size	
TYPE OF SYSTEM		
[New Installation [] Repair [Septic Tank [Nitrific	ation Lines	
[] Conventional [Nother 25% Neduction Syst		
[] Basement [] With Plumbing [] Without Plumbing		
Water Supply: [] Well Public Water Supply Minimum Well Setback:Ft.		
Septic Tank gal Pump Chamber gal		
NITRIFICATION FIELD SPECIFICATIONS		
Number of fields # of lines per field Length of	Flines 60 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	3-29-06 Date	