HTE# 06-5-14287

IMPROVEMENT PERMIT 22893

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) Karl Ryan Buildens Inc. New Installation Septic Tank Repair
Property Location: SR# Witrification Line Expansion Lot # 54
Tax ID# Quadrant #
Number of Bedrooms Proposed: 484 4866 Lot Size: 54 rece
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 System
Type of system. B conventional B other 25 to 125 25 25
Size of tank: Septic Tank: gallons Pump Tank: gallons
Subsurface No. of exact length width of depth of prainage Field ditches 34 ft. of each ditch 100 ft. ditches 3 ft. ditches 3 ft.
French Drain Required:Linear feet Date: 5-2-06
This permit is subject to revocation if site plans or intended use change. PERMIT EXPIRES 5 YEARS FROM ABOVE DATE
Signed Environmental Health Specialist
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Date

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.
Name 8 8 8 8 8 9 8 9 9 9 9 9 9 9 9 9 9 9 9
Address Address
Property Location SR# Trypo RD Road Name
PV6 54 You 4206PA -54 Subdivision Lot # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
[New Installation [] Repair [Septic Tank [] Nitrification Lines
[] Conventional [+Other Z5% Rodustin Sych
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well [] Public Water Supply Minimum Well Setback:Ft.
Septic Tank / 200 gal Pump Chamber gal
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
. 0
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.
Table 1 clime has been issued.
Jan 1 Lon
Signature of Authorized Agent for Harnett County Date