

HTE# 06-5-143401?

06-5-1434125

IMPROVEMENT PERMIT 22866

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) Michael + Sherry Ammass New Installation Septic Tank Repair

Property Location: SR# 2006 Crawford RD Nitrification Line Expansion

Subdivision RTB Lot # 3A

Tax ID# _____ Quadrant # _____

Number of Bedrooms Proposed: 2000 240670 Lot Size: .86

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 50' ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: Conventional Other MANITEX to 25% Reduction System

Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons

Subsurface Drainage Field No. of ditches 2 ft. exact length of each ditch 120 ft. width of ditches 3 ft. depth of ditches 20-218 in.

French Drain Required: - Linear feet

Date: 4-3-06

This permit is subject to revocation if site plans or intended use change.

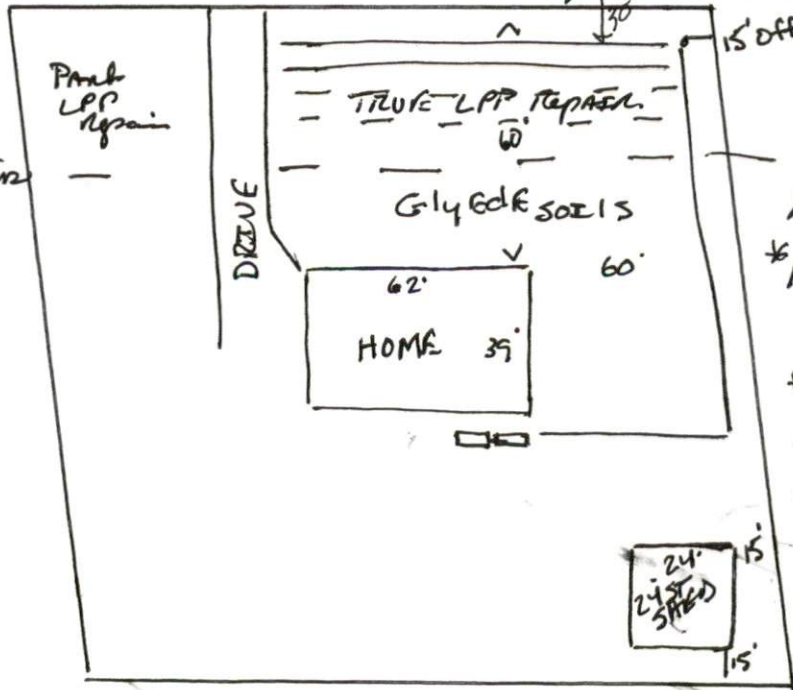
PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

Signed James E. Masterton
Environmental Health Specialist

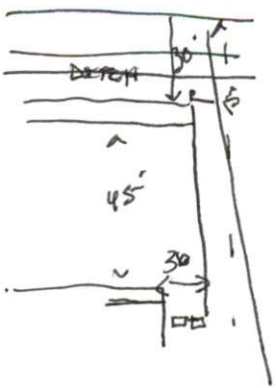
* NEEDS
PUMP
+ AIRLINE

Crawford RD SR 2006

* Contractor to
MEET ON SITE
Prior to installation



MANITEX Specs
 * 150' of 2" SCH 40 Supply
 * 2 3/4" sch 40 TRAYS
 * 2' PRESSURE HEAD
 * PUMP 27 gpm @ 15.3' TDH



06-5-1434012
06-5-1434112 STWC

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 # 22866. 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.*

Michael + Sherry Ammons 891-5004
Name Telephone #

665 TANT RD DUNN N.C. 28334
Address

2006 Crawford
Property Location SR# Road Name

RTP 3A 2 BR 2836PD .86
Subdivision Lot # # Bedrooms Proposed Lot Size

TYPE OF SYSTEM

- New Installation Repair Septic Tank Nitrification Lines
- Conventional Other Monette to 25% reduction syst
- Basement With Plumbing Without Plumbing

Water Supply: Well Public Water Supply Minimum Well Setback: _____ Ft.

Septic Tank 1000 gal Pump Chamber 1000 gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 2 # of lines per field 2 Length of lines 120 Ft.

Width of ditches 3 ft. Depth of ditches nat 20 > 18 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.

James E. Montfort
Signature of Authorized Agent for Harnett County

4-3-06
Date