HTE# 06-5-14376

IMPROVEMENT PERMIT 22871

Be it ordained by the Harnett County Board of Health as follows: construction of any building at which a septic tank system is to be used for permit from the Harnett County Health Department."	
Name: (owner) Brian ToHNSON Buillers New Ins	stallation Septic Temk Repair
	itrification Line Expansion
Subdivision Douber Fred	Lot # 19
Tax ID#	Quadrant #
Tax ID#	Lot Size:
Basement with Plumbing: Garage:	
Water Supply: Well Public Community	
Distance From Well: ft.	
Following is the minimum specifications for sewage disposal sy	ystem on above captioned property.
Subject to final approval.	
Type of system:	ction Syst =
Size of tank: Septic Tank: 1000 gallons Pump Tank:	gallons
Subsurface No. of exact length Drainage Field ditches 2 ft. of each ditch 120 ft.	width of depth of ditches 3 ft. ditches 28->18 in.
French Drain Required:Linear feet	
Date:	4-4-06
	RMIT EXPIRES 5 YEARS FROM ABOVE DATE
Signe	ed: Marlant Environmental Health Specialist
116	¥
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Protopolored report	STEPDOWNS WILL BEINEEDED.
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OVERBY CT	



Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 22871 . 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. Brian ToHNER Builders 635-3714
Telephone # 635 Chistohaul ROS Angier N.C. 27581 Chalybeate RS
Road Name 1429 Property Location SR# Deptentantel 19 30nn 360GPD .347
division Lot # Bedrooms Proposed Lot Size TYPE OF SYSTEM [New Installation [] Repair [] Septic Tank [] Nitrification Lines [] Conventional [+Other 25% Reduction System [] 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 2 Length of lines 120 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

4-4-06 Date