## **IMPROVEMENT PERMIT 22900**

Be it ordained by the Harnett County Board of Health as construction of any building at which a septic tank system is to be permit from the Harnett County Health Department."	e used for disposal of sewage without first obtaining a written
Name: (owner) GARY HUGHES	New Installation  Septic Fank  Repair  Repair
Property Location: SR# 401 N	Nitrification Line  Expansion
Subdivision MIN BOANCE	Lot # 35
Tax ID#  Number of Bedrooms Proposed: 3822 360 6PD	Quadrant #
Programment with Physician C	Lot Size:899
Basement with Plumbing: Garage:	
Water Supply: Well Public Communication Communication Well: ft.	nity
Following is the minimum specifications for sewage dis	sposal system on above captioned property
Subject to final approval	
Type of system:    Conventional    Other 25%	Raduction Syste
Size of tank: Septic Tank: gallons Pump	*
Subsurface No. of exact length Drainage Field ditchesft. of each ditchft.	width of depth of ft. ditches 7 ft. ditches 27 in.
French Drain Required:Linear feet	
This normit is subject to reveastion if site	Date: 5-8-06
This permit is subject to revocation if site plans or intended use change.	PERMIT EXPIRES 5 YEARS FROM ABOVE DATE
	Signed: Sames & Markant Dussellist  Environmental Health Specialist  * Septe Condusation  to MERT ON SETE  Prior to INSTANLATION
20 Construction of Stope 19 10 March 19 10	Plumbry Stranger Stra

## HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a waster Harnett County Department of Public Health, Imprauthorization shall be valid for a period not to exce	ed five (5) years from the date of issuance. This	
This authorization will be invalid if ownership, sit		
Sany HU6HES	918-665-5369	
Address OID Buis Creek RD Angue	22 N.C. 27501	
401 N	401N	
Property Location SR#	Road Name	
milliproved 35 300	m 3606PB . 899	
MillBranch 35 380 Subdivision Lot # Bedroo	oms Proposed Lot Size	
TYPE OF SYSTEM		
[ New Installation [ ] Repair [ Septic Tan	k [ ] Nitrification Lines	
[ ] Conventional [ Tother 75% 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	Length of lines You 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.		
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