IETT COUNTY HEALTH DEPARTMENT

IIVIPROVEMENT PER....T

Nº 14314

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 Anderson New Installation Septic Tank Property Location: SR#/443 Laborette 128 Repairs Nitrification Line Subdivision V. H. Lot # 155 Tax ID #____ _____ Ouadrant # _____ Number of Bedrooms Proposed: 3BM 360 6PD Lot Size: 28,772 55FF Basement with Plumbing: Garage: Water Supply: Well Public Public ☐ Community Distance From Well: 50' ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Other MANTITEE to 25% Reduction System Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons Subsurface No. of No. of exact length width of depth of of each ditch 120 ft. ditches 3 ft. ditches $26 \rightarrow 18$ in. Drainage Field French Drain Required: _____ Linear feet Signed: Environmental Health Specialist This permit is subject to revocation if site plans or intended use change. * PUMP ell'TOH * STEP DOWNS WEN BE NEEDED! * MANATEE 3 34"5CH40 YAZVES 2' PRESSURE HEAD 25% red Repain A" SCHHOLIPE Home 100 BEIZGESON

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 #/93/9 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 Andrenson	919-868-8294
Michael Andrenson	Telephone #
180 WOODLAND IZIDGE DR F.V. N.	C. 27526
1443 Property Location SR#	(Afra otte
Property Location SR#	Road Name
V.14. 155 3BRN 360GPI	78 772 885
V. H. 155 3Ber 366 PD Subdivision Lot # Bedrooms Proposed	Lot Size
TYPE OF SYSTEM	
[New Installation [] Repair [Septic Tank [Nitrification Lines
[] Conventional [Nother Months to 25% Reduction Syst	
[] Basement [] With Plumbing [] Without Plumbing	
Water Supply: [] Well [] Public Water Supply Minimum Well Setback:Ft.	
Septic Tank gal Pump Chamber _	gal gal
NITRIFICATION FIELD SPECIFICATIONS	
Number of fields # of lines per field Length of lines Ft.	
Width of ditches ft. Depth of ditches <u>26-718</u> inches	
French Drain: Linear feet required Depth of gravel	
No wastewater system shall be covered or placed into	ny noron will ' 1 1
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 & Manhant eus	
Signature of Authorized Agent for Harnett County	6-24-06 Date
7/	Date