06-5-14976

HAPMETT COUNTY HEALTH DEPARTMENT

PROVEMENT PERI... [

Nº 14327

Be it ordained by the tion of any building at whi from the Harnett County	ch a septic tan	k system is to be i	h as follows: Se used for disposa	ection III, Item l	B. "No Pe out first o	rson shall begin construc- btaining a written permit
Name: (owner)	MIN BUI	Hers INC	<u>د</u>	New Insta	allation	Septic Tank
Property Location: S	R# 1429 C	halpheats.	RD	☐ Repairs		Nitrification Line
Subdivision DEXTE					Lot	#64
Tax ID #				Quadrant	#	
Number of Bedrooms I						
Basement with Plumbi	ng:	G	arage: 🔟			
Water Supply: W			ommunity			
Distance From Well:	20,	ft.				
Following is the minimufinal approval. Type of system:						
		1000 gallon				
Subsurface N Drainage Field di	o. of itches Z	exact length of each dite	n ch <u>/70</u> ft.	width of ditches3	de ft. di	epth of tches <u>28->24</u> in.
French Drain Required						
plans or intended use	change.	117'	//	Environme	ntal Hea	Ith Specialist
		Repair HOME	15	The same of the sa	wee #	Tom to
	DEXT	7 and 2590 New Rep	10 DE 17 E	26		

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 #
Conner Butdens Inc. 6390 Wenkery RD - 669-1211 Name Wellow Sprigs N.C. 77592
Wellow Sprigs N.C. 77592
Property Location SR# Claybootho Road Name
Dexteneration 64 300m 3606PD .401 Subdivision Lot # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
[New Installation [] Repair [Septic Tank [] Nitrification Lines
[] Conventional [) Other 25% Reductions
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well [Public Water Supply Minimum Well Setback:Ft.
Septic Tankgal Pump Chambergal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field Z Length of lines / Z O Ft.
Width of ditches ft. Depth of ditches 28->24 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.
ignature of Authorized Agent for Harnett County Date