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

HTE# 06-5-15209

IMPROVEMENT PERMIT 23107

permit from the Harnett County Health Department."
Name: (owner) Frank Wellsand Montague New Installation Septic Tank Repair
Property Location: SR# 1450 301170 Nitrification Line Expansion Lot # 1
Tax ID# Quadrant #
Number of Bedrooms Proposed: 3/3/2 Lot Size: -841
Basement with Plumbing: Garage:
Water Supply: Well Public Community
Distance From Well: ft.
Following is the minimum specifications for sewage disposal system on above captioned property.
Subject to final approval.
Type of system: Other 25% ileavation System
Size of tank: Septic Tank: gallons Pump Tank: gallons
Subsurface No. of exact length width of depth of Drainage Field ditches 3 ft. of each ditch 100 ft. ditches 3 ft. ditches 17 in.
French Drain Required:Linear feet Date: 7-17-06
This permit is subject to revocation if site PERMIT EXPIRES 5 YEARS FROM ABOVE DATE
plans or intended use change.
SR 1450 BAH 12D Signed: Ames Market and Environmental Health Specialist PAD 5FD 15' Home 75' A CL' 176'

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the sp. Harnett County Department of Public Health, Improvement Permit # _ authorization shall be valid for a period not to exceed five (5) years from This authorization will be invalid if ownership, site plans, or intended	. This the date of issuance	
Name Name 114 Homeplace W Holly Spring N.C. 7754 Address	919 - 567 - 0367 Telephone #	
Address N.C. 7754	0	
Property Location SR# Road N	261	
F.M / 3Bn 3606P7 Subdivision Lot # Bedrooms Proposed	vaine	
TYPE OF SYSTEM		
[New Installation [] Repair [Septic Tank [] Nitrificat	ion Lines	
[] Conventional [] Other 25% Neduction Syst		
[] Basement [] With Plumbing [] Without Plumbing		
Water Supply: [] Well [] Public Water Supply Minimum Well Se	etback:Ft.	
Septic Tank gal Pump Chamber		
NITRIFICATION FIELD SPECIFICATIONS		
Number of fields # of lines per field \$ Length of li	nes /60 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 he conditions of the Improvement Permit and that a valid Operations Permit has been issued.		
ane Manhart County	7-17-06 Date	