HTE# 06-5-1524417

IMPROVEMENT PERMIT 23109

construction of any building at which a permit from the Harnett County Health	septic tank system is to l Department."	pe used for disposal of sew	age without first obtaining a written
Name: (owner) AINA + EITSA NICHOL IR		New Installation	Septic Tank Repair
Property Location: SR# 1450 Ball n.D.		Nitrification Lin	ne Expansion
Subdivision Frank Mostrague Tax ID# Number of Bedrooms Proposed:			Lot # _ 2
Tax ID#		Qua	drant #
Number of Bedrooms Proposed : _		Lot Size: _	-87
Basement with Plumbing:	rage:		
Water Supply: Well F		inity	
Distance From Well:	ft.		
Following is the minimum specifi	cations for sewage d	isposal system on abo	ve captioned property.
Subject to final approval. Type of system: Convention	. 7		
Type of system:	al 🔟 Other <u>25%</u>	Reduction Syste	
Size of tank: Septic Tank:	gallons Pum	np Tank: g	gallons
Subsurface No. of Drainage Field ditches 4	exact length _ft. of each ditch	width of ft. ditches	depth of ft. ditches ZZ->/8 in.
French Drain Required:	Linear feet		
		Date: 7-	20-06
This permit is subject to revocati plans or intended use change.		PERMIT EXPIRES	S 5 YEARS FROM ABOVE DATE
	SR 1450 BAN	Signed Enviro	onmental Health Specialist
INTHESTITUS	NSWAMBIGS & HOSVAMBIGS & SOILS BOT AMEN BO	1000 Repaire 18 62' - 37' - 3	onmental Health Specialist

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 #			
AIVA + Elisa Nicho (In 719-557-0019 Name Telephone #			
Leo Homeplack W Holly Spring N.C. 27540			
Property Location SR# Road Name			
F. M 2 3600 -82 Subdivision Lot # Bedrooms Proposed Lot Size			
Subdivision Lot # # Bedrooms Proposed Lot Size			
TYPE OF SYSTEM			
[New Installation [] Repair [Septic Tank [Nitrification Lines			
[] Conventional [Other 25% Reduction Syst			
[] 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 Length of lines Ft.			
Width of ditches ft. Depth of ditches _22→18 _ 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.			
James EManhantones 7-20-06			
Aghature of Authorized Agent for Harnett County Date			