HTE#06-5-15403

IMPROVEMENT PERMIT 23123

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 + April Banefoot New Installation Septic Tank Repair
Property Location: SR# 2065 Brick Mad RD Nitrification Line Expansion L
Tax ID# Quadrant #
Tax ID# Quadrant # Number of Bedrooms Proposed: 38m 360 6PD Lot Size: 7.0 (Acc.
Basement with Plumbing: Garage: 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: Conventional Other 25% Neduction System Marstee
Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons
Subsurface No. of exact length width of depth of
Subsurface No. of exact length width of depth of Drainage Field ditches 3 ft. of each ditch 80 ft. ditches 3 ft. ditches 1 ft. ditches 24 ft.
French Drain Required:Linear feet Date: 8-10-04
This permit is subject to revocation if site PERMIT EXPIRES 5 YEARS FROM ABOVE DATE
plans or intended use change.
Signed Environmental Health Specialist
Environmental Health Specialist
28
B APH 3 W
80
F = > L # F = - >
292
2 2 1
27.56 11 1 1 1 1 1 1
MANITE Specs
3' of Risk (Elfuntion) 3' of Risk (Elfuntion) 3-1/2'sch 40 Traps,
3 of (List (Elfustion)
3-1/2 sctt to TAPS,
FUMP - 239pm @12,10H

HARNETT CUNTY 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 # 03123 . This authorization shall be valid for a period not to exceed five (5)
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 + April Barnefoot 897-2721 Telephone #
Address p.c. 27521
Property Location SR# Road Name
Subdivision Lot # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
New Installation [] Repair [Septic Tank Nitrification Lines
Conventional [Tother 25% Reduction System
Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well [] Public Water Supply Minimum Well Setback:Ft.
Septic Tank gal Pump Chamber /000 gal
NITRIFICATION FIELD SPECIFICATIONS
Tumber of fields # of lines per field Length of lines 80 Ft.
Vidth of ditches ft. Depth of ditches inches
rench Drain: Linear feet required Depth of gravel
o wastewater system shall be covered or placed into use by any person until an inspection by the arnett County Health Department has determined that the system has been installed according to e conditions of the Improvement Permit and that a valid Operations Permit has been issued.
2 1 12
Phature of Authorized Agent for Harnett County Date
Date