HTE# 06-5-15431

IMPROVEMENT PERMIT 23121

Be it ordained by the Harnett County Board of Health as construction of any building at which a septic tank system is to be permit from the Harnett County Health Department."	e used for disposal of sewage without first obtaining a writter
Name: (owner) Spenill Durkan	New Installation Septic Tenk Repair
Property Location: SR# 1540 Montague RD Subdivision Frances Durcan	Nitrification Line Expansion Lot # 2
Tax ID#	Quadrant #
Number of Bedrooms Proposed: 3BM 360 670	Lot Size: 20+ Mus
Basement with Plumbing: Garage: Water Supply: Well Public Communications of Stance From Well: 100 ft.	nity
Following is the minimum specifications for sewage di	sposal system on above captioned property.
Subject to final approval.	
Type of system: Conventional Other 25% is	reduction System
Size of tank: Septic Tank: //ooo gallons Pump	,
Subsurface No. of exact length Drainage Field ditches 3 ft. of each ditch 10	width of depth of ft. ditches 3 ft. ditches 24 in.
French Drain Required:	Date: 8-8-06
This permit is subject to revocation if site plans or intended use change.	PERMIT EXPIRES 5 YEARS FROM ABOVE DATE
1000° +	Signed: Environmental Health Specialist ANY CHANGES TO LOT
	VOIDS PERMET,
sed so 71' Homes 265	
SRISYD MONTAGON ON	

#06-5-1543/

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the s Harnett County Department of Public Health, Improvement Permit #_ authorization shall be valid for a period not to exceed five (5) years fro This authorization will be invalid if ownership, site plans, or intended	23/21 . This	
Sherill Dowcan	919-635-2705	
Name	Telephone #	
Name 1315 Montagne ND Argian W.C. Address	27501	
Property Location SR# Road	nhace I Name	
F.D. 2 38m 3100 620 Subdivision Lot # Bedrooms Proposed	20 acret	
TYPE OF SYSTEM		
[New Installation [] Repair [] Septic Tank [] Nitrifica	ation Lines	
[] Conventional [JOther 25% reduction Eyst	-	
[] Basement [] With Plumbing [] Without Plumbing		
Water Supply: [] Well [Public Water Supply Minimum Well S	Setback:Ft.	
Septic Tank gal Pump Chamber	gal	
NITRIFICATION FIELD SPECIFICATIONS		
Number of fields # of lines per field 3 Length of	lines /oo 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 the conditions of the Improvement Permit and that a valid Operations Permit has been issued.		
3 ml 1 lane		
Signature of Authorized Agent for Harnett County	8-8-06	
7 Tathonzod Agent for namen County	Date	