HTE# 06-5-15633 R

## **IMPROVEMENT PERMIT** 23133

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 written
Name: (owner) 21A124 HUGHES	New Installation  Septic Tank  Repair  Repair
Property Location: SR# Hwy 401N Subdivision MzHBranch	Nitrification Line  Expansion
Subdivision MINBrock	Lot # _ 36
Tax ID#	Quadrant #
	Lot Size: .646acc
Basement with Plumbing:  Garage:  G	
Water Supply:    Well    Public    Commun	nity
Distance From Well: ft.	
Following is the minimum specifications for sewage dis	sposal system on above captioned property.
Subject to final approval.	
Type of system:    Conventional    Other 25%	REDUCTION System
Size of tank: Septic Tank:/OOO gallons Pump	,
Subsurface No. of exact length Drainage Field ditches 4 ft. of each ditch 8	width of depth of ft. ditches 3 ft. ditches 20 in.
French Drain Required:Linear feet	- 0.2/ 4/
TD 1 16 16 16 16 16 16 16 16 16 16 16 16 1	Date: 8-31-06
This permit is subject to revocation if site	PERMIT EXPIRES 5 YEARS FROM ABOVE DATE
plans or intended use change.	4 4-10
123	Signed: MANLANA Specialist
1 12-15' A	Environmental Health Specialist
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MILL BRANCH (	Encle

#06-5-15633R

## 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 #23133 This 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.	
Dany HU6H155  Name  919-669-5369  Telephone #	
Address OID BUTHS CROCK RD Angien N.C. 27501	
401 Property Location SR# Road Name	
MEHBranch 36 3606PD .646 Subdivision Lot # Bedrooms Proposed Lot Size	
TYPE OF SYSTEM	
[ New Installation [ ] Repair [   Septic Tank [ ] Nitrification Lines	
[] Conventional []Other 25% REDUCTION System	
[ ] Basement [ ] With Plumbing [ ] Without Plumbing	
Water Supply: [ ] Well [ Public Water Supply Minimum Well Setback:Ft.	
Septic Tank gal Pump Chamber gal	
NITRIFICATION FIELD SPECIFICATIONS	
Number of fields # of lines per field 4 Length of lines 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.	
ignature of Authorized Agent for Harnett County  Date	