HTE# 06-5 15734

IMPROVEMENT PERMIT 22591

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 writte permit from the Harnett County Health Department."
Name: (owner) Kevin H. Michie New Installation Septic Tank Repair
Property Location: SR# 1935 Tripp Rd. Nitrification Line Expansion Dubdivision Plantation QVineyard Green Lot # 77
Tax ID# Quadrant # Number of Bedrooms Proposed: 3 (3 60 ged) Lot Size: . 477Ac
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: \(\square \) Conventional \(\square \) Other \(\square \) Reduction \(\sqrt{ystem} \)
Size of tank: Septic Tank: gallons Pump Tank: gallons
Subsurface No. of exact length width of depth of Drainage Field ditches / ft. ditches ft. ditches in.
French Drain Required:Linear feet Date:Date:
This permit is subject to revocation if site PERMIT EXPIRES 5 YEARS FROM ABOVE DATE
plans or intended use change.
* Maintaine all ret backs Signed: Dupa McDian, R.S.
* Run ditches on continer as Environmental Health Specialist shown + NO DEEDER than
18 inches
*If system can not be 3 AXHIII
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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 # 2200 . 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.	S
Kevin H. Michite	
Name 639 - 4448 Telephone #	-
Name P.O. Box 950 Ang. et , N.C. 27501 Address	_
Property Location SR# Road Name	-
Plantation Olineyard Green ?? 3 (360 god) 4774c Subdivision Lot #1 # 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 Tankgal Pump Chambergal	
NITRIFICATION FIELD SPECIFICATIONS	
Number of fields/ # of lines per field/ Length of lines Ft.	
Width of ditches ft. Depth of ditches from 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.	
ignature of Authorized Agent for Harnett County Date	1
Date	