HTE# 05-520 12754

## **IMPROVEMENT PERMIT 22726**

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) Chr.; Den New Installation Septic Tank Repair
Property Location: SR# 1213 Hoover M Nitrification Line Expansion
Subdivision later (2) I and Inc.  Lot # / Y
Subdivision Wescs Lond Inc Lot # /Y Tax ID# Quadrant #  Number of Bedrooms Proposed: Shop min Flow looked Lot Size: 10.00
Number of Bedrooms Proposed: Shop Min Flow 100 xcd Lot Size: 10.00
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: \( \square \) Conventional \( \square \) Other \( \lambda \) \( \text{Conventional} \) \( \square \) Other \( \lambda \) \( \text{Conventional} \) \( \square \)
Size of tank: Septic Tank: // gallons Pump Tank: // gallons
Subsurface No of exact length width of depth of
Subsurface No. of exact length width of depth of Drainage Field ditchesft. of each ditchft. ditchesft. ditchesin.
French Drain Required:Linear feet
Date: 8-17-35
This permit is subject to revocation if site PERMIT EXPIRES 5 YEARS FROM ABOVE DATE
plans or intended use change.
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Line Between TANK & D Box Meet Onsite

## AUTHORIZATION TO CONSTRUCT

Harnett County Department of Public Health, Improvement Permit # 22 12 (
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.
Chris Dear
Name Telephone #
Address
1212:
Property Location SR#
Road Name
Subdivision  Lot # Bedrooms Proposed My For Lot Size
TYPE OF SYSTEM (W) grd
New Installation [ ] Repair Septic Tank
[] Conventional Wother Pump To
[ ] Basement [ ] With Plumbing [ ] Without Plumbing
Water Supply: [ ] Well Public Water Supply Minimum Well Setback: 50 Ft.
Septic Tank gal Pump Chamber gal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields# of lines per field# Length of lines
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 a likely and the system has been also as a likely a
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.
Jon West RS
Signature of Authorized Agent for Harnett County
Date
lung to existing septic system