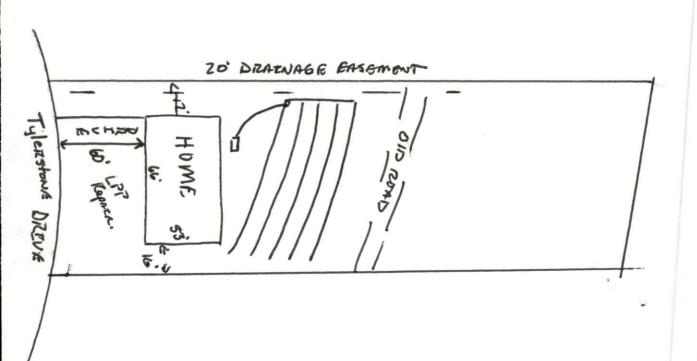
## HARN Γ COUNTY HEALTH DEPARTMI

## HTE 04-5-8948

## **IMPROVEMENT PERMIT**

20769

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 Andrewson Homes ZN. New Installation Septic Tank Garage: Basement with Plumbing: ☐ Well Public Water Supply: 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 YOther 25% Reduction System Septic Tank: gallons Pump Tank: gallons Size of tank: No. of exact length width of depth of ditches 5 ft. width of ditches 3 ft. depth of ditches 22-18 in. Subsurface Drainage Field French Drain Required: \_\_\_\_\_Linear feet Date: 3-25-04 Signed and Employed Environmental Health Specialist This permit is subject to revocation if site plans or intended use change.



#04-5-8948

## HARNETT CONTY DEPARTMENT OF PUB HEALTH AUTHORIZATION TO CONSTRUCT

Harnett County Department of the Authorization of the This authorizati	artment of Public He e valid for a period r will be invalid if own	et a wastewater systement P ealth, Improvement P not to exceed five (5) nership, site plans, or	ermit # _ <b>20</b> ? years from the intended use	date of issuance. change.	This
Michael / Name  180 Wood/michael / Address	Anderson Ho	nas ZNC.	Te	919 - 557 - 1 elephone #	790
Address	d Redge Dasi	IR F.V.	N.C.	27526	
1443 Property Location SR#			Road Name	yetts	
V.It. Subdivision	/9/ Lot#	# Bedrooms Proposed	Lo	37 24 9 ot Size	
TYPE OF SYSTEM					
[ New Installation [ ] Repair [ Septic Tank [ ] Nitrification Lines					
[] Conventional [] Other 75% Reduction					
[ ] 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	Z # of lines ]	per field	Length of lines	_ <b></b> Ft	
Width of ditches	ft. Depth o	f ditches 22-18	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.					
Signature of Authorized	Markan & Agent for Harnett County	o co		3-25-04 Date	
$\nu$					