

HTE# 06-50014575

HARNETT COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT 22643

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) Abanery Galeano New Installation ☒ Septic Tank ☒ Repair ☐
Property Location: SR# 1212 Jesse Rd Nitrification Line ☒ Expansion ☐
Subdivision ELNORA McLEAN Lot # 5
Tax ID# _____ Quadrant # _____
Number of Bedrooms Proposed: 3(14x80) 360 sqd Lot Size: .97Ac

Basement with Plumbing: ☐ Garage: ☐
Water Supply: ☐ Well ☒ Public ☐ Community
Distance From Well: 50 ft.

**Following is the minimum specifications for sewage disposal system on above captioned property.
Subject to final approval.**

Type of system: ☒ Conventional ☐ Other _____

Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface No. of exact length width of depth of
Drainage Field ditches 4 ft. of each ditch 100 ft. ditches 3 ft. ditches 18 in.

French Drain Required: _____ Linear feet

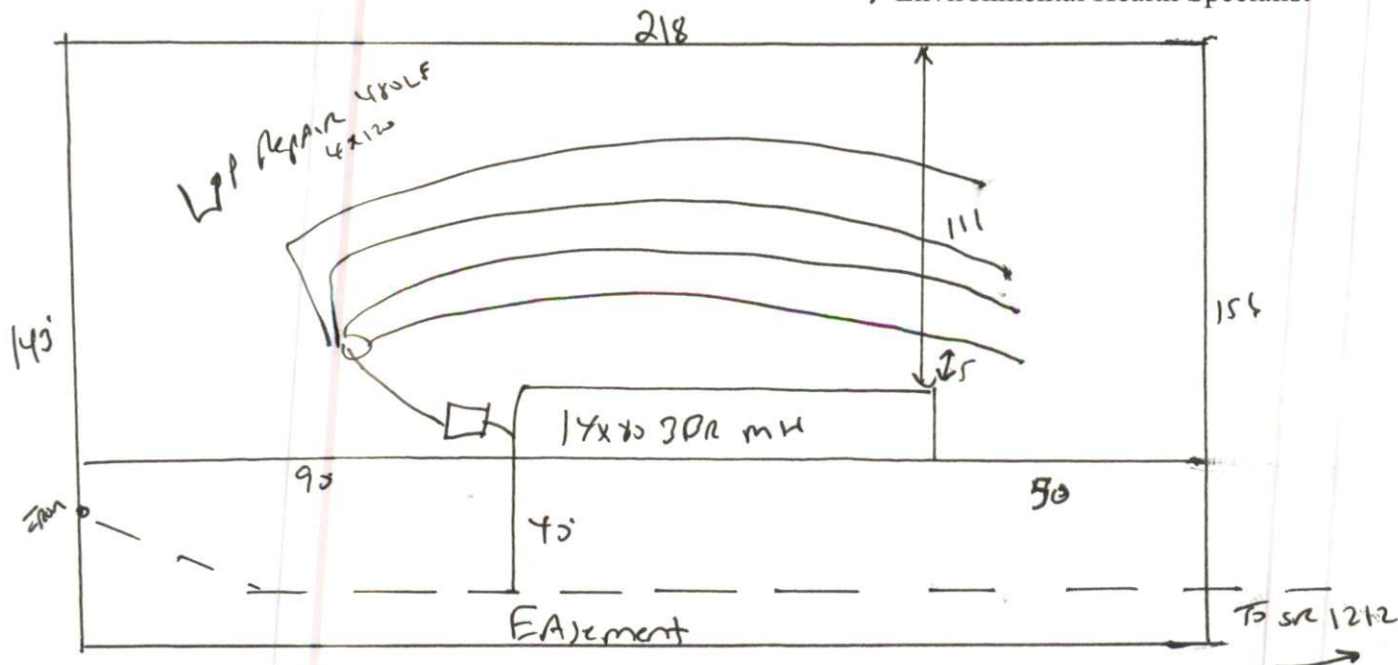
Date: 04-20-06

**This permit is subject to revocation if site
plans or intended use change.**

PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

*STUB out Plumbing shallow (at ground level)
maintain all set back*

Signed: J. W. Wray
Environmental Health Specialist



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 # 22643. 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.

Abanery Galcano
Name

Telephone #

Address

1212

Property Location SR#

Road Name

El Nora M²Lean
Subdivision

5
Lot #

3(14x80) 260 sqd
Bedrooms Proposed

.97 AC
Lot Size

TYPE OF SYSTEM

☒ New Installation [] Repair ☒ Septic Tank ☒ Nitrification Lines

☒ Conventional [] Other _____

[] Basement [] With Plumbing [] Without Plumbing

Water Supply: [] Well ☒ Public Water Supply Minimum Well Setback: 50 Ft.

Septic Tank 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 4 Length of lines 100 Ft.

Width of ditches 3 ft. Depth of ditches 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.

Jon West RS
Signature of Authorized Agent for Harnett County

04-20-06
Date