HTE# 06.500 14734 HAR

IMPROVEMENT PERMIT 23054

| 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." | n |
|--|-----------|
| Name: (owner) Ricards Quinones New Installation Septic Tank Repair | |
| Property Location: SR# 101 Need more Rel Nitrification Line Expansion Dead to the Subdivision WF Harman Enterprise Lot # Z Tax ID# Quadrant # Number of Bedrooms Proposed: 2BR (21x42) 243 ppl Lot Size: 9.25 mc | _ |
| Basement with Plumbing: Garage: | _ |
| Water Supply: Well Public Community Distance From Well: 5 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: gallons Pump Tank: gallons | |
| Subsurface No. of exact length width of depth of Drainage Field ditches ft. of each ditch 160 ft. ditches 3 ft. ditches 1724 in. | |
| French Drain Required:Linear feet Date: 5.26.56 | |
| This permit is subject to revocation if site plans or intended use change. PERMIT EXPIRES 5 YEARS FROM ABOVE DATE Signed: Environmental Health Specialist | |
| 250 70 side Line Sed Room apartme | |
| STUBOL Plumbing shallow Maintain Allsol Vicep SYTEM Link Flags Flags Flags | i Pach |
| FIAS LAP RYAT | |

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 # 23054 . This |
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| 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. |
| Ricardo Quinones Name Telephone # |
| Name Telephone # |
| |
| Address |
| Property Location SR# Road Name |
| |
| WFHARMA Ent. 2 ABR (24x43) 743 pl 9.25 Ar Subdivision Lot # Bedrooms Proposed Lot Size |
| Subdivision Lot # # Bedrooms Proposed 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:Ft. |
| Septic Tank 1000 gal Pump Chamber gal |
| NITRIFICATION FIELD SPECIFICATIONS |
| Number of fields # of lines per field (Length of lines 165 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 |
| the conditions of the Improvement Permit and that a valid Operations Permit has been issued. |
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| Signature of Authorized Agent for House of Control |
| Signature of Authorized Agent for Harnett County Date |