HTE# 05-50013005

IMPROVEMENT PERMIT 22211

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) ANTONIO SANTIAGO New Installation Septic Tank Repair Property Location: SR# 2048 BENHEL BAPTIET RO Nitrification Line Expansion

Expansion Subdivision WILLOW OAKS Lot# \(\Delta\) Tax ID# Quadrant # 4 (480468) Number of Bedrooms Proposed: Lot Size: 1.89 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: (Conventional Other 25% REDUCTION SYSTEM Size of tank: Septic Tank: 1000 gallons Pump Tank: gallons Subsurface No. of exact length width of depth of ditches 4 ft. of each ditch 100 ft. ditches 3 ft. ditches 24 Drainage Field French Drain Required: Linear feet PERMIT EXPIRES 5 YEARS FROM ABOVE DATE This permit is subject to revocation if site plans or intended use change. RS (OLIVER TOLKSOORF) Signed: Environmental Health Specialist 250 * MAINTAIN ALL SETBACKS *CALL WITH ANY QUESTANS PRIOR TO INSTALLATION 318 CONV. 88× 86

OAKS DR

WILLOW

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUTHORIZATION TO CONS UCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # (2001)
authorization shall be valid for a period not to exceed 5 (5)
state of the plants, or intended use change.
ANTONIO SANTIAGO Name 496-0895
Telephone #
Address CAR SPRING LAKE NC 283970
2048
Property Location SR# Road Name
MILLOW OAKS 1 4 (190) 1 20
Subdivision Lot # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
New Installation [] Repair [Septic Tank] Nitrification Lines
Conventional Other LS% REDUCTION SYSTEM
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well Public Water Supply Minimum Well Sethools 122
Septic Tank gal Pump Chamber
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field Length of lines Ft.
Width of ditches ft. Depth of ditches inches
French Drain: Linear feet required Depth of gravel
No wastewater system shall be covered and the
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 I.
the conditions of the Improvement Permit and that a valid Operations Permit has been issued.
M Add occir issued.
letter to the state of the stat
Signature of Authorized Agent for Harnett County
Date