

HARNETT COUNTY HEALTH DEPARTMENT

HTE# 06-50014050

Single wide
existing

IMPROVEMENT PERMIT 22530

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) Enrique Bosch New Installation Septic Tank Repair

Property Location: SR# 1100 Nitrification Line Expansion

Subdivision _____ Lot # 4

Tax ID# _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Bed room existing (14x20) Lot Size: 100 AC

Basement with Plumbing: Garage: *300 sq ft JL*

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 _____

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

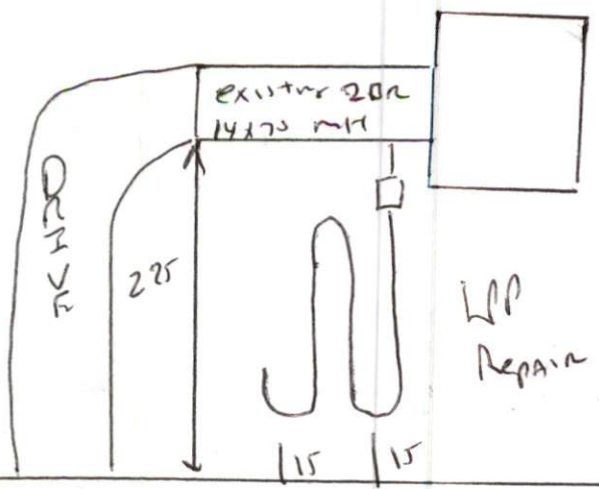
Subsurface No. of exact length width of depth of
Drainage Field ditches 1 ft. of each ditch 240 ~~150~~ ft. ditches 3 ft. ditches 18 3/4 in.

French Drain Required: _____ Linear feet

Date: 02-21-06
PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

This permit is subject to revocation if site plans or intended use change.
*STUB out Plumbing smaller
At ground level or higher
Maintain All setbacks
Meet onsite Before Installing*

Signed: *[Signature]*
Environmental Health Specialist



SR1100

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 # 22530. 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.*

Name Ernie Bosch Telephone # _____

Address _____

1100
Property Location SR# _____ Road Name _____

Subdivision Lot # 4 # Bedrooms Proposed 3 existing MH Lot Size 10.0 Ac

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 1 Length of lines 240 Ft.

Width of ditches 3 ft. Depth of ditches 18.30 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

02-21-06
Date