IMPROVEMENT PERMIT 22509

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) LAWRence & Danette Foster New Installation & Septic Tank & Repair
Property Location: SR# 1260 Womack M Nitrification Line Expansion D Subdivision River Ridge Lot # 1 Tax ID# Quadrant # Number of Bedrooms Proposed: 3 (40 x (s)) 3/2 d Lot Size: 13, 33 ex
Basement with Plumbing: Garage: Must must posite for Fordal Los
Number of Bedrooms Proposed: 3 (40 x 60) 360 Lot Size: 13.33 arc Basement with Plumbing: Garage: Must meet on the formal loss Water Supply: Well Public Community Distance From Well: 75 min ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.
Type of system: Conventional Other Ry to Conventional
Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons
Subsurface No. of exact length width of depth of Drainage Field ditches 5 ft. of each ditch 100 ft. ditches 3 ft. ditches 12 in.
French Drain Required:Linear feet Date: Date:
This permit is subject to revocation if site plans or intended use change. PERMIT EXPIRES 5 YEARS FROM ABOVE DATE
1 (3)
GYT Signed: Signed: Strongertal Hoolth Specialist
Mut on Site "1 Approved G45 Signed: Environmental Health Specialist And Bring and Signed: Environmental Health Specialist
This permit is subject to revocation if site plans or intended use change. Date: 02-02-06 PERMIT EXPIRES 5 YEARS FROM ABOVE DATE Signed: Environmental Health Specialist And Bring 2002 This permit is subject to revocation if site plans or intended use change. Date: 02-02-06 PERMIT EXPIRES 5 YEARS FROM ABOVE DATE Environmental Health Specialist
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UNIX VIII STATIZE PARTY STATIZE PROPERTY

AUTHORIZATION TO CONTRUCT

This authorization will 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. Augree Alland Forty Name Telephone # Road Name Address Concept Continued Continued	Harnett County Department of Public Health, Improvement Permit # 2255 This
Name Telephone # Address 267 Property Location SR# Road Name Road N	This authorization will be invalid if ownership, site plans, or intended use change.
Address Composition of the lines per field 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.	Markence Wannette Foster
Address 267 Property Location SR# Road Name	Name
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Property Location SR# Color Cides Septic Tank Septi	
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Subdivision Lot # #Bedrooms Proposed Lot Size	Road Name
New Installation [] Repair Septic Tank Nitrification Lines [] Conventional Cother Pump To With Man Smallow Must Plumbing To 84512 Approve [] Basement [] With Plumbing [] Without Plumbing To 84512 Approve Water Supply: [] Well Public Water Supply Minimum Well Setback: 77 Ft. Septic Tank Doo gal Pump Chamber gal NITRIFICATION FIELD SPECIFICATIONS Number of fields # of lines per field Length of lines Ft. Width of ditches ft. Depth of ditches 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 Agent for Harnett County	Subdivision Lot# #Bedrooms Proposed 17.77 A
New Installation [] Repair Septic Tank Nitrification Lines [] Conventional Wother Pump To What MallowMult Bring [] Basement [] With Plumbing [] Without Plumbing	
Water Supply: [] Well Plumbing [] Without Plumbing	New Installation [] Repair Septic Tank Nitrification Line
Water Supply: [] Well Plumbing [] Without Plumbing	[] Conventional Hother Pump To What Shallows Mut Brin
Water Supply: [] Well Public Water Supply Minimum Well Setback:	[] Basement [] With Plumbing [] Without Plumbing En 845/20 & Approx
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