HARY TT COUNTY HEALTH DEPARTMENT

HTE# 06-5-13963

IMPROVEMENT PERMIT 22556

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) Col. Datson / Choo Choo Homes New Installation & Septic Tank & Repair Property Location: SR# 1006 Old Stagell Nitrification Line Expansion

Output

Description: SR# 1006 Old Stagell Nitrification Line

Descrip Subdivision _____ Lot # _ A Tax ID# Quadrant # Number of Bedrooms Proposed: 3(360) (1) Lot Size: /.164c Basement with Plumbing: Garage: Garage: Public Community Distance From Well: 50 m - ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Other_____ Size of tank: Septic Tank: /000 gallons Pump Tank: gallons Subsurface No. of exact length width of depth of ditches 3 s. of each ditch 80 ft. ditches 3 ft. ditches 24 in. Drainage Field French Drain Required: Linear feet Date: This permit is subject to revocation if site PERMIT EXPIRES 5 YEARS FROM ABOVE DATE plans or intended use change. * Maintain all ratbacks 4 Run ditches on contour which may differ from drawing 121 Hosica8KTC * Not to scale 135

JR 1006

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wa Harnett County Department of Public Health, In authorization shall be valid for a period not to e	stewater system to the specifications described by nprovement Permit # 2256
This authorization will be invalid if ownership	, site plans, or intended use change
Colin Watson / Chec Chec Hones	Fio 8787 Telephone #
4209 Braco Blod FaraHarille 11	Telephone #
Property Location SR#	Road Name
	3 (0 g/d) drooms Proposed Lot Size
	F SYSTEM
[New Installation [] Repair [Septic 7	ank Nitrification Lines
[] Conventional [] Other	
[] Basement [] With Plumbing [] Without	
Water Supply: [] Well [Public Water Su	pply Minimum Well Setback: が Ft
Septic Tank gal Pum	p Chamber gal
NITRIFICATION FIELD SPECIFICATIONS	
Number of fields # of lines per field	
Width of ditches ft. Depth of ditches inches	
French Drain: Linear feet required Depth of gravel	
No wastewater system shall be covered or placed i Harnett County Health Department has determined the conditions of the Improvement Permit and that	
Signature of Authorized Agent for Harnett County	2/8/2006
5 County	Date