

HTE 0450010949

IMPROVEMENT PERMIT

21544

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) Paul Santini (Conder Const. Inc.)
Property Location: SR# 1210 Hoover Rd
New Installation, Septic Tank, Nitrification Line

Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_

Tax ID # \_\_\_\_\_ Quadrant # \_\_\_\_\_

Number of Bedrooms Proposed: 4 BR Lot Size: 3.78 A

Basement with Plumbing: [ ] Garage: [ ]

Water Supply: [ ] Well [X] Public [ ] Community

Distance From Well: 50' ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: [X] Conventional [ ] Other \_\_\_\_\_

Size of tank: Septic Tank: 1000 gallons Pump Tank: \_\_\_\_\_ gallons

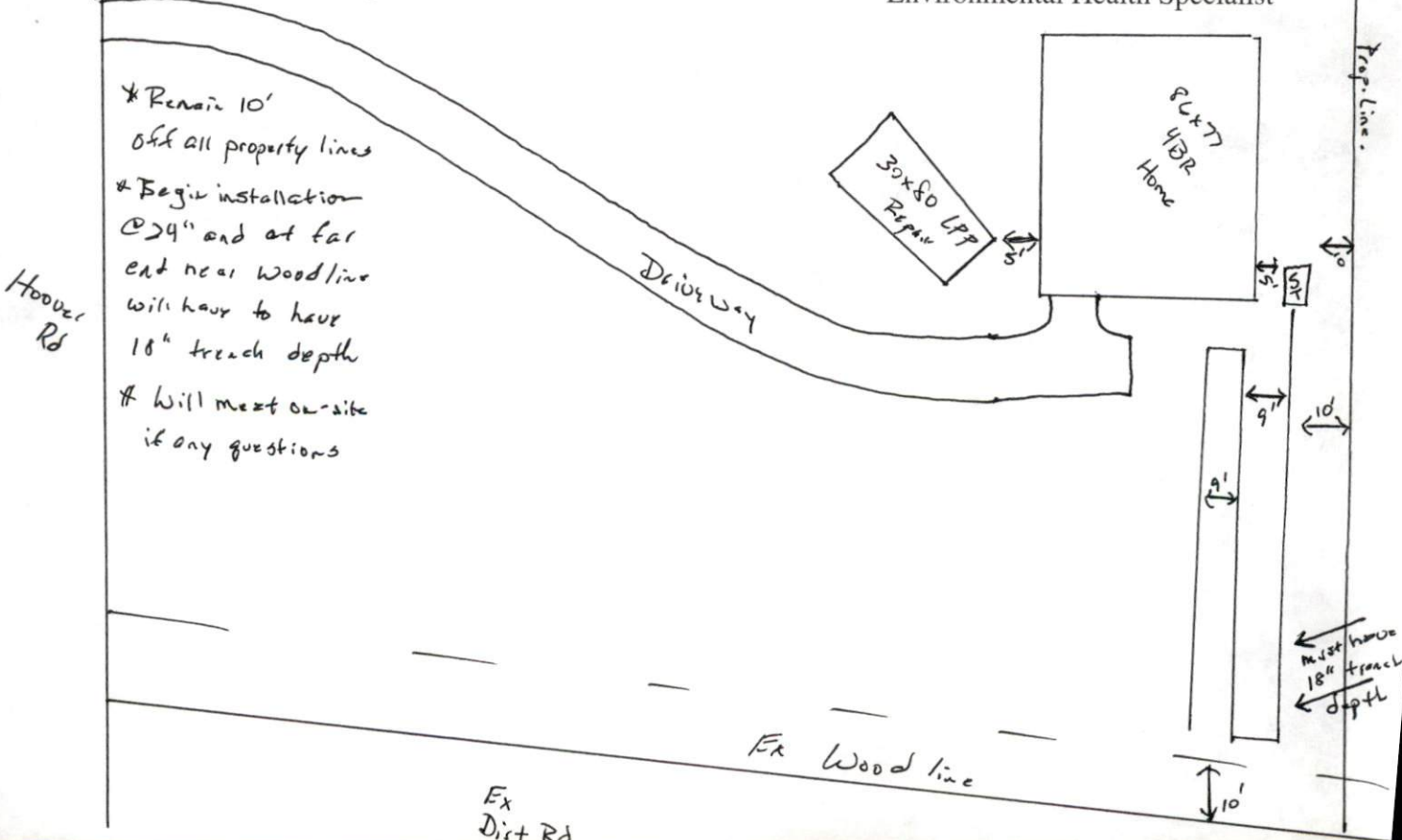
Subsurface Drainage Field No. of ditches 1 exact length of each ditch 320 ft. width of ditches 3 ft. depth of ditches 18-24 in.

French Drain Required: \_\_\_\_\_ Linear feet

Date: 2-1-05

Signed: Heath Ci Environmental Health Specialist

This permit is subject to revocation if site plans or intended use change.



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 # 21536 21542<sup>05</sup>. 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 Paul Santini - Conder Const. Inc. Telephone # 305 731 9024

Address Marathon, FL 33050 P.O. Box 152 Santa Id, UC 27370

Property Location SR# Hoover Rd Road Name SR # 1210

Subdivision - Lot # - # Bedrooms Proposed 4BR Lot Size 3.78 A.

**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 320 Ft.

Width of ditches 3 ft. Depth of ditches 18-24" 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.

Signature of Authorized Agent for Harnett County

Date

*Health Co*

2-1-05  
1-26-05