

HTE# 05-50011088RR

IMPROVEMENT PERMIT 22654

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) HEH Contractors New Installation Septic Tank Repair

Property Location: SR# 1117 Nitrification Line Expansion

Subdivision Woodshire Lot # 61

Tax ID# _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (74x81) Lot Size: .49

Basement with Plumbing: Garage:

Water Supply: Well 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: Conventional Other 25% Reduction SYSTEM

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 300 ft. ditches 3 ft. ditches 18 ^{max} in.

of 25% Reduction system

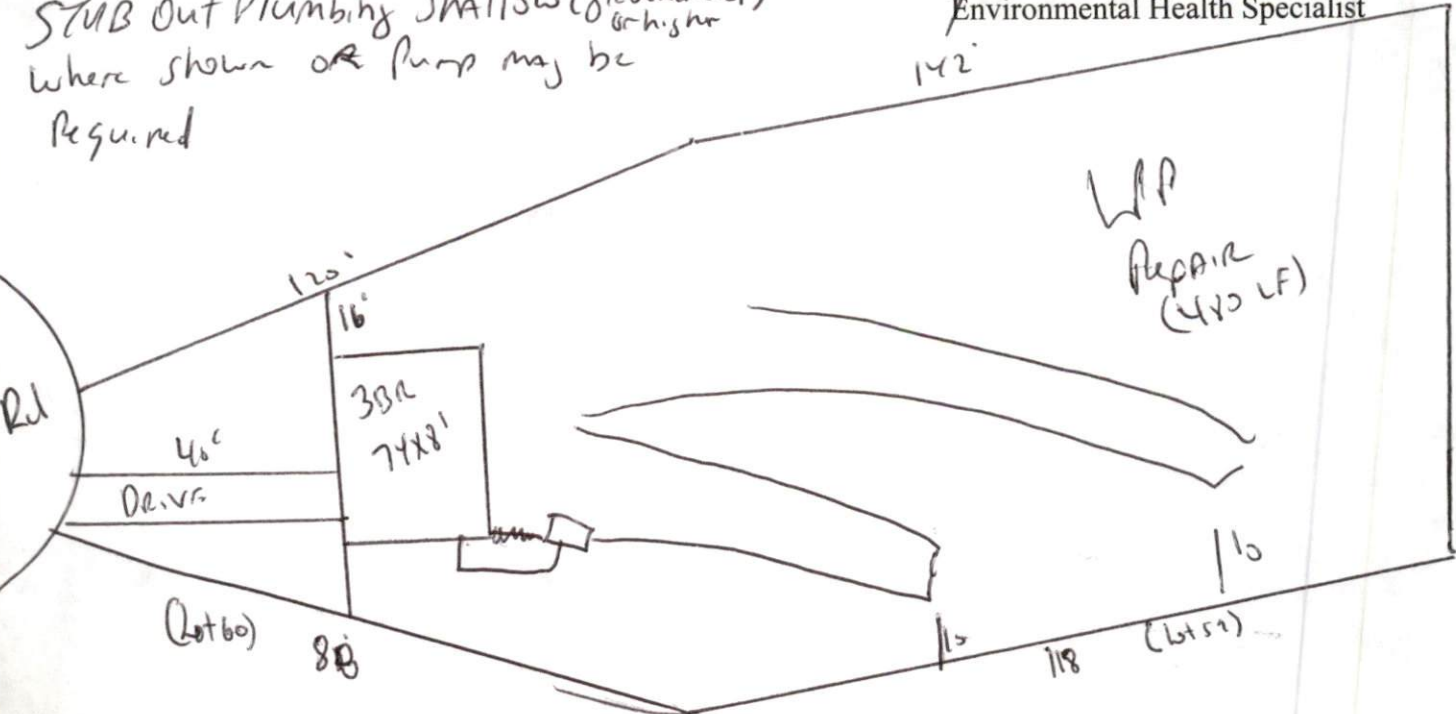
French Drain Required: _____ Linear feet

Date: 5-09-05

This permit is subject to revocation if site plans or intended use change. PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

*Meet onsite for Final layout
STUB out Plumbing shallows (ground level)
where shown OR Pump may be
Required*

Signed: [Signature]
Environmental Health Specialist



*LAP
Repair
(410 LF)*

80 (Lot 60) 110 118 (Lot 52)

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 # 22 654. 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.*

Holt Construction

Name _____ Telephone # _____

Address _____

Property Location SR# 117

Subdivision Woodshire Lot # 61 # Bedrooms Proposed 3(74x81) Road Name 49 Lot Size _____

TYPE OF SYSTEM

- New Installation [] Repair
- Septic Tank Nitrification Lines
- [] Conventional Other 25% Reduction SYSTEM
- [] 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 300 Ft.

Width of ditches 3 ft. Depth of ditches 18 inches of 25% Reduction SYSTEM

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.

Joe West RS

Signature of Authorized Agent for Harnett County

05-09-05

Date