

HTE 0550011090

IMPROVEMENT PERMIT

21514

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) HOK Constructors  New Installation  Septic Tank  
Property Location: SR# 1117  Repairs  Nitrification Line

Subdivision Woodshire Lot # 6d

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

Number of Bedrooms Proposed: 3 (59x39) Lot Size: 0.345 AC

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

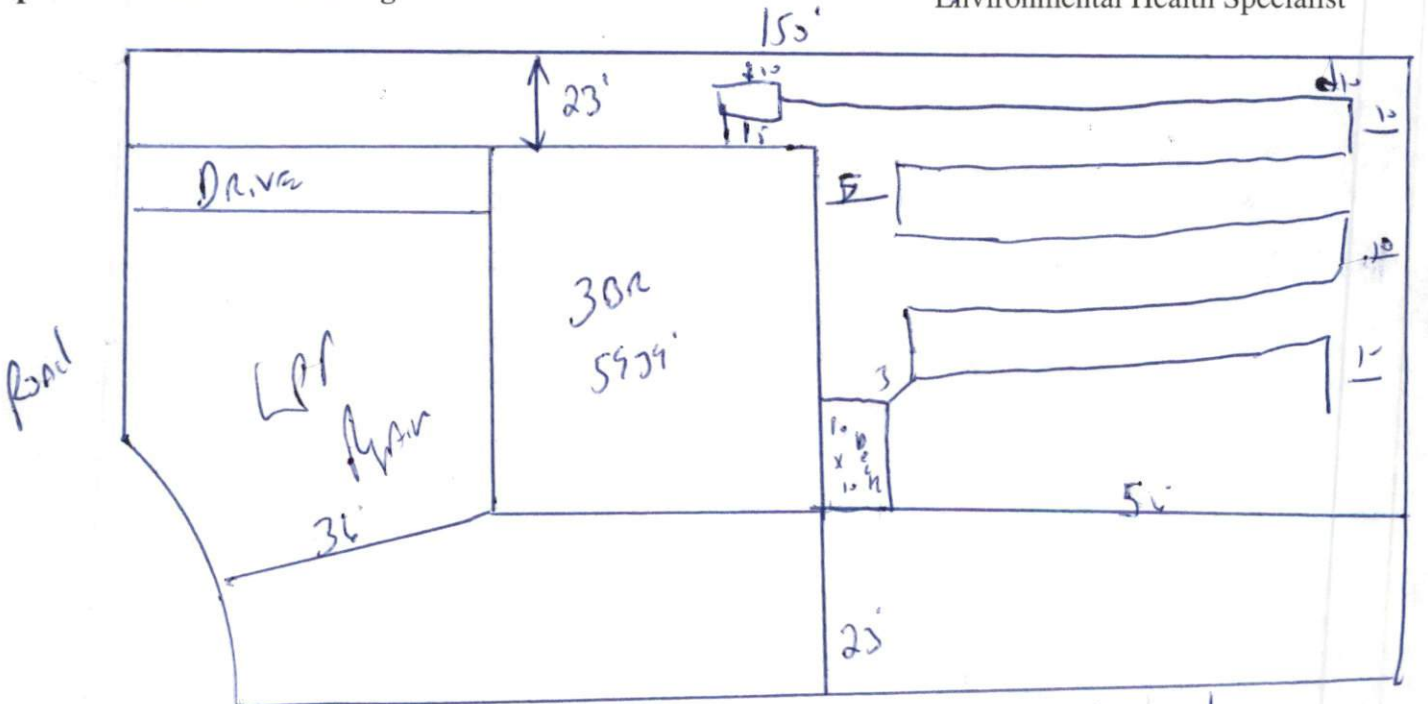
Size of tank: Septic Tank: 1000 gallons Pump Tank: \_\_\_\_\_ gallons

Subsurface Drainage Field No. of ditches 1 exact length of each ditch 300 ft. width of ditches 3 ft. depth of ditches 18 in.

French Drain Required: \_\_\_\_\_ Linear feet 425% Reduction system

Date: 01-18-05

This permit is subject to revocation if site plans or intended use change. Signed: Joe Weber Environmental Health Specialist



STAB out Plumbing shallow where shown or pump may be required. Meet onsite MAIN TAIN ALL setBACKS

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 # 21514. 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.*

HSH Contractor

Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_

1117  
Property Location SR# \_\_\_\_\_ Road Name \_\_\_\_\_

Woodshire 64 3(59x39)  
Subdivision Lot # # Bedrooms Proposed Lot Size

**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 30 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

01-18-05

Date