HARNTON COUNTY HEALTH DEPARTME

HTE 055000127

IM. ROVEMENT PERMIT

21656

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."

from the Harnett County Health Department."	
Name: (owner) SHOWCASE CONSTRUCTION	New Installation Septic Tank
Property Location: SR# 1124 RAMBERUT RO	
Subdivision WESTERFIELD FARMS	Lot # 24
Tax ID #	Quadrant #
Tax ID #	Lot Size: 39xc
Basement with Plumbing: Garage:	X
Water Supply: ☐ Well ☐ Public ☐ Community	
Distance From Well:ft.	
Following is the minimum specifications for sewage dispeto final approval.	osal system on above captioned property. Subject
Type of system:	1. REDUCTION SYSTEM
Size of tank: Septic Tank: voo gallons	Pump Tank:gallons
Subsurface No. of exact length Drainage Field ditches 4 of each ditch 75	width of depth of ft. ditches 3 ft. ditches in.
French Drain Required:Linear feet	
	Date: 1 25/05
This permit is subject to revocation if site plans or intended use change.	Signed: Environmental Health Specialist
*MAINTAIN ALL SETBACKS	- 05
PEROL TO INSTALLATION	LPP REPAIR LPP REPAIR Q R

HARNETT C NTY DEPARTMENT OF PUI CHEALTH 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 #_\(\text{\figure}\) \(\left(5)\) . 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.	
SHOWCASE CONSTRUCTION 864-0900	
Name Telephone #	
5506 YAOKIN RO FAVETIEVILLE NC 28303	
Property Location SR# Road Name	
Road Name	
WESTERFIELD FARMS 24 3 .39 AC Subdivision Lot# # Bedrooms Proposed Lot Size	
TYPE OF SYSTEM	
New Installation [] Repair Septic Tank Nitrification Lines	
[] Conventional MOther 25% REDUCTION SYSTEM	
[] Basement [] With Plumbing [] Without Plumbing	
Water Supply: [] Well Public Water Supply Minimum Well Setback:Ft.	
Septic Tank 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 \lambda 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 Harnest County	