05-HTE 50011220

HATTETT COUNTY HEALTH DEPART TINT

PROVEMENT PERMIT

21547

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." (CH & H Constructors Tine) Name: (owner) Woodshire Partners, LLC New Installation & Septic Tank Property Location: SR# ///7 _____ Repairs Nitrification Line Subdivision Woodshire Lot # (2) _____Quadrant # _____ Tax ID # Number of Bedrooms Proposed: 4 BR Lot Size: ,34 Acres Basement with Plumbing: Garage: Public Community Water Supply: ☐ Well Distance From Well: 50 ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Mother 25% Reduction Conventional Type of system: Septic Tank: 1000 gallons Pump Tank: gallons Size of tank: Subsurface width of No. of exact length / of each ditch 240 ft. ditches 3 ft. ditches 18-24 in. Drainage Field ditches French Drain Required: Linear feet 29% Date: 2-10-65 Signed: Find Control Health Specialist This permit is subject to revocation if site plans or intended use change. NTS * maintain all schbacks * 25% Reduction required for installate Lot any questions Repair Deck 1,51 4BR H-no 191 19' 191 5% 1 10 1:10

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH A HORIZATION TO CONSTITUCT

Harnett County Department of Public Health, Improvement Permit # 21547. 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 Name Telephone # 2929 Breeze wood Auxan St. Fayettaville, NK 28307
Address Breeze wood Acknow St. Fayettaville, NK 28307
11/19 Cathodale
Wood Shird 67 4BR 34 Acres Subdivision Lot # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
New Installation [] Repair Septic Tank [Nitrification Lines
[] Conventional [J-Other 25] Reduction
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well
Septic Tankgal Pump Chambergal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field /Length of lines Ft.
Width of ditches ft. Depth of ditches 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.
11 +1 D
Signature of Authorized Agent for Harnett County