

HTE 05-50011319RA

IMPROVEMENT PERMIT

21846

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) HOH Contractor
Property Location: SR# 1117
New Installation, Septic Tank, Repairs, Nitrification Line

Subdivision Woodshire Lot # 79

Tax ID # Quadrant #

Number of Bedrooms Proposed: 3 (50 x 40) Lot Size: .46

Basement with Plumbing: Garage: Meet onsite Final Layout MAY change at least 2 days before hand.
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 Pump to 25% Reduction

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

Subsurface Drainage Field: No. of ditches 3 exact length of each ditch 75 ft. width of ditches 3 ft. depth of ditches 18 in.

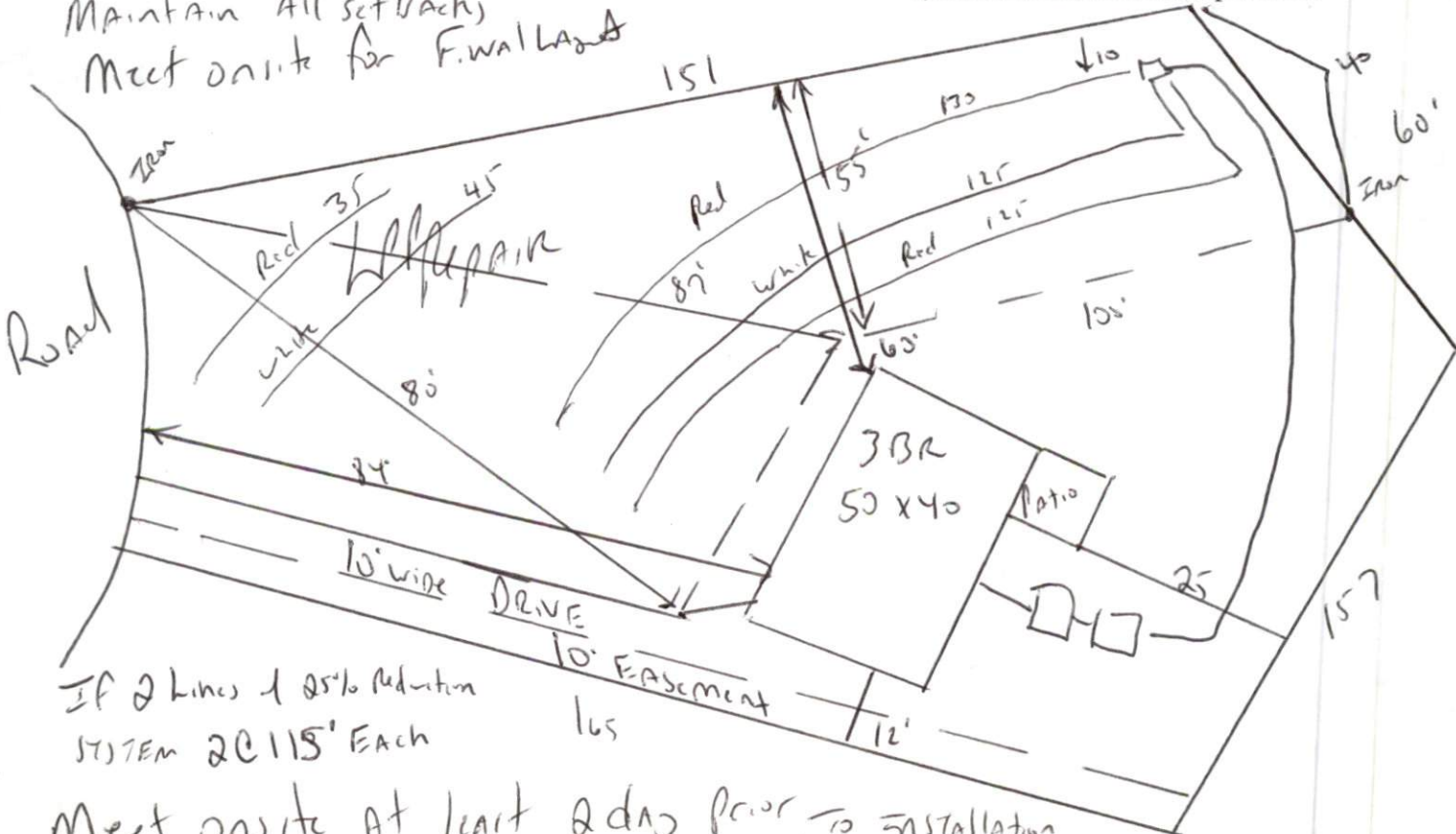
French Drain Required: Linear feet 25% Reduction SYSTEM

Date: 05-03-05

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

Signed: Environmental Health Specialist

Maintain All setbacks Meet onsite for F.W. layout



IF 2 Lines of 25% Reduction SYSTEM 2 @ 115' EACH

Meet onsite At least 2 days prior to installation

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 # 21846. 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 HOH Construction Telephone # _____

Address _____

Property Location SR# 1117

Subdivision Woodshire Lot # 79 # Bedrooms Proposed 3 (50x70) Road Name 46 Lot Size _____

TYPE OF SYSTEM

- New Installation Repair Septic Tank Nitrification Lines
- Conventional Other Pump to 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 1000 gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 3 Length of lines 75 Ft.

Width of ditches 3 ft. Depth of ditches 18 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 Joe West RS

Date 05-03-05