

App# 6550011429

HAR T COUNTY HEALTH DEPARTMENT

HTE 854089

IMPROVEMENT PERMIT

21751

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

Subdivision Woodshire Lot # 50

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3BR Lot Size: .46 A

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 pump to conventional

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

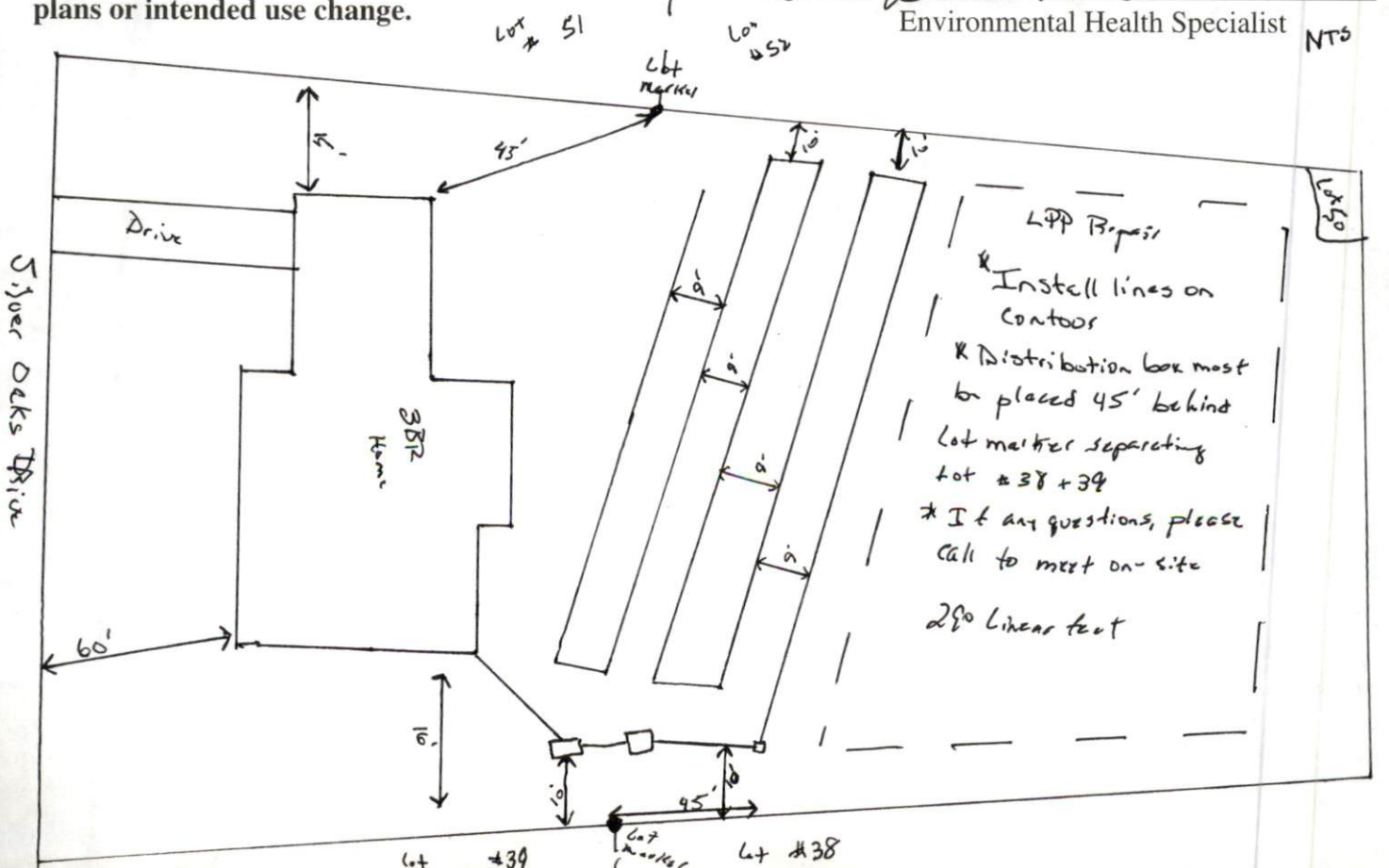
Subsurface No. of exact length width of depth of
Drainage Field ditches 1 of each ditch 240 ft. ditches 3 ft. ditches 24" in.

French Drain Required: _____ Linear feet

Date: 3-15-05

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

Signed: Will H. Cai
Environmental Health Specialist NTS



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 # 21751. 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 Woodshire Telephone # 910 483-5353

Address _____

Property Location SR# 1117 Road Name Silver Oaks Rd @ Woodshire

Subdivision Woodshire Lot # 50 # Bedrooms Proposed 3BR Lot Size 0.46 A

TYPE OF SYSTEM

New Installation [] Repair [X] Septic Tank [K] Nitrification Lines

Conventional [X] Other pump to conventional

[] Basement [] With Plumbing [] Without Plumbing

Water Supply: [] Well [] Public Water Supply Minimum Well Setback: _____ Ft.

Septic Tank 1000 gal Pump Chamber 1000 gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 240 Ft.

Width of ditches 3 ft. Depth of ditches 24 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 Willie H. C.

Date 3/15/05