## HAR TT COUNTY HEALTH DEPART!

## HTE 05500 12247

## IIVIPROVEMENT PERMIT

21763

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) Wood Shine - Caviness Land Developet & New Installation & Septic Tank Property Location: SR# 1/25 Repairs Nitrification Line Lot # <u>/ 4</u> Subdivision Forts+ Oaks Garage: Basement with Plumbing: N Public Water Supply: ☐ Well ☐ Community Distance From Well: 50 ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional ☐ Other Type of system: Pump Tank: gallons Size of tank: Septic Tank: 1000 gallons Subsurface No. of exact length width of depth of of each ditch 200 ft. ditches 18-24in. ditches 3 ft. Drainage Field ditches French Drain Required: Linear feet Date: 6/17/05 Signed: West This permit is subject to revocation if site plans or intended use change. Environmental Health Specialist KMaintain all setbacks \* Install lines on Contour \* NTS \* Stabeut plumbing groundlevel or higher 3BR Hon -KINDER

## HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AU ORIZATION TO CONST ICT

Harnett County Department of Public Health, Improvement Permit # 2/763 . 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	Telephone #
Address	
1125	Lemoul Black
Property Location SR#	Road Name
Folish Oaks 14 3PA Subdivision Lot# # Bedrooms Propose	.36 A
Subdivision Lot # # Bedrooms Propose	ed Lot Size
TYPE OF SYSTE	
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 / / D D o gal Pump Chamber	gal
NITRIFICATION FIELD SPECIFICATIONS	
Number of fields# of lines per field	Length of lines 200 Ft
Width of ditches $\frac{3}{2}$ ft. Depth of ditches $\frac{1824}{2}$ inches	
French Drain: Linear feet required Depth of gravel	
	•
No wastewater system shall be covered or placed into use by Harnett County Health Department has determined that the	
Harnett County Health Department has determined that the s the conditions of the Improvement Permit and that a valid Op	Victoria had been 111 1
11 41 0	
North Ci	6/17/05
Signature of Authorized Agent for Harnett County	Date