

HTE 05-50012278

IMPROVEMENT PERMIT

22105

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) H9H Construction
Property Location: SR# 1125
New Installation [checked]
Septic Tank [checked]
Repairs [checked]
Nitrification Line [unchecked]

Subdivision FOREST OAKS Lot # 39

Tax ID # \_\_\_\_\_ Quadrant # \_\_\_\_\_

Number of Bedrooms Proposed: 4 (52x44) Lot Size: .346

Basement with Plumbing: [unchecked] Garage: [checked]

Water Supply: [unchecked] Well [checked] Public [checked] Community [unchecked]

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: [checked] Conventional [unchecked] Other \_\_\_\_\_

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

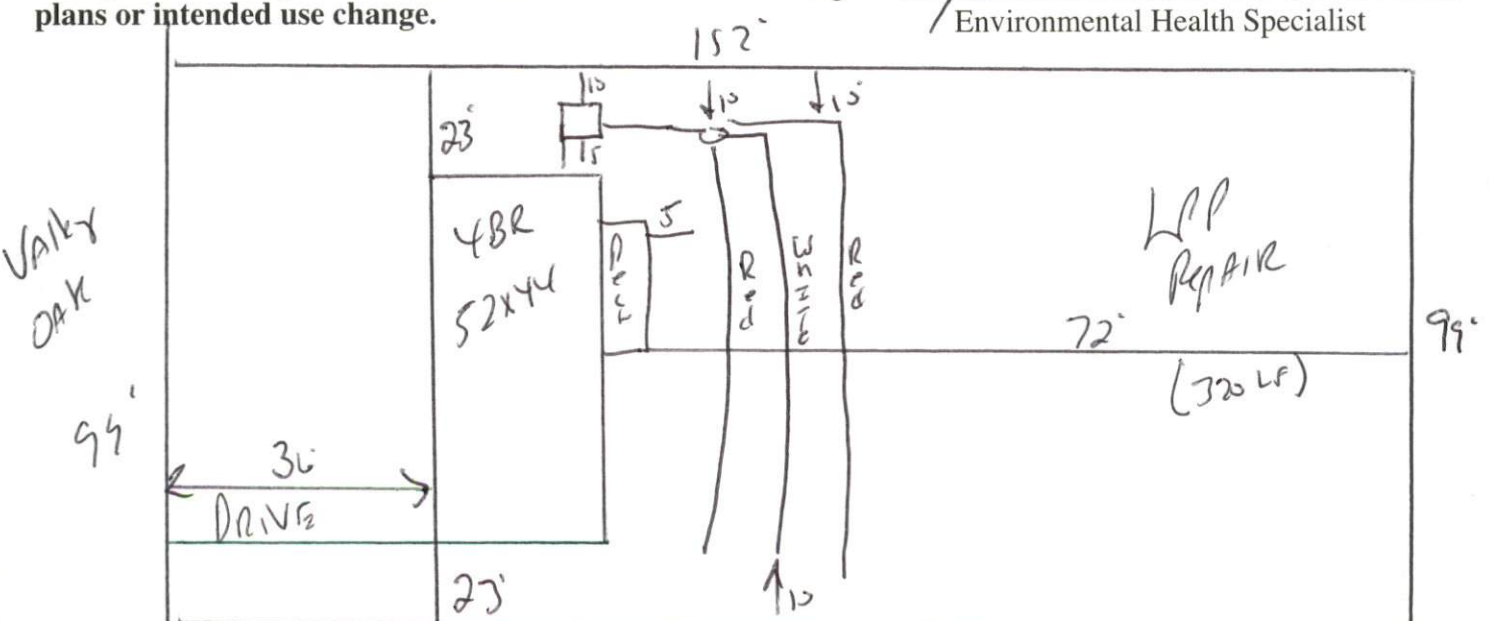
Subsurface Drainage Field No. of ditches 3 exact length of each ditch 70' width of ditches 3 ft. depth of ditches 18 1/2 in.

French Drain Required: \_\_\_\_\_ Linear feet

Date: 6-17-05

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

Signed: [Signature] Environmental Health Specialist



STUB out Plumbing shallow at ground level or higher
MAINTAIN ALL SET BACKS

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH  
AUTORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 22105. 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.*

HQH Constructor

Name

Telephone #

Address

1125

Property Location SR#

Road Name

Forest Oaks

Subdivision

Lot #

# Bedrooms Proposed

Lot Size

**TYPE OF SYSTEM**

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 1000 gal Pump Chamber \_\_\_\_\_ gal

**NITRIFICATION FIELD SPECIFICATIONS**

Number of fields 1 # of lines per field 3 Length of lines 70 Ft.

Width of ditches 3 ft. Depth of ditches 18.24 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.

Jon West RJ

Signature of Authorized Agent for Harnett County

6-17-05

Date