IMPROVEMENT PERMIT 22718

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 New Installation Septic Tank Repair
Property Location: SR# 1125 Nitrification Line Expansion D Subdivision FORe) 7 OAKS Lot # 65
Number of Bedrooms Proposed: 4(50 x 59) (413 spd) Lot Size: 77AC
Basement with Plumbing: Garage: A
Water Supply: Well Public Community
Distance From Well:ft.
Following is the minimum specifications for sewage disposal system on above captioned property.
Subject to final approval.
Type of system: Conventional Other Purp 1- 25% Reduction STITEM
Size of tank: Septic Tank: gallons Pump Tank: gallons
Subsurface No. of a exact length width of depth of the ditches ft.
French Drain Required:Linear feet \(\frac{259}{0.00} \) (bduton \(\frac{50}{0.00} \) Date: \(\frac{08-08-05}{0.00} \)
Date: 08-08-05
This permit is subject to revocation if site PERMIT EXPIRES 5 YEARS FROM ABOVE DATE
plans or intended use change.
33 Signed: Signed: Environmental Health Specialist
Environmental Health Specialist
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54 320 4151 F.WA 50x54 LAYO-T
50x59 LAYO-T
To Drive 22'
71.00 Jan 101 July 2008
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AUTHORIZATION TO CONSTUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 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.
HOH Con.
Telephone #
Property Location SR#
FOR(170 AK) Subdivision Lot # Bedrooms Proposed Road Name Road Name The subdivision Lot Size
TYPE OF SYSTEM
New Installation [] Repair Septic Tank Nitrification Lines
New Installation [] Repair Septic Tank Nitrification Lines [] Conventional Nother Pump To 25% Reduction 55tm
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well Public Water Supply Minimum Well Setback: 50 Ft.
Septic Tank Septic Tank Gal Pump Chamber Septic Tank Gal Gal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field Dength of lines
Width of ditches ft. Depth of ditches ft.
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 in the system.
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.
Jor West RS
Signature of Authorized Agent for Harnett County