## **IMPROVEMENT PERMIT 22225**

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) Show case Constauction New Installation Septic Tank Repair Property Location: SR# 1124 RAMBER OF RD Nitrification Line X Expansion Subdivision WESTERFIELD FARMS Lot # 47 Tax ID# Quadrant # Number of Bedrooms Proposed : 3 (36000) Lot Size: .345 Basement with Plumbing: Garage: Water Supply: Well Public Community Distance From Well: 100 ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system: \( \sum \) Conventional \( \sum \) Other 3 INFILTRATOR OR EQUIVALENT Size of tank: Septic Tank: 1000 gallons Pump Tank: \_\_\_\_\_ gallons width of Subsurface No. of exact length depth of Drainage Field ditches 2 ft. of each ditch 150 ft. ditches 3 ft. ditches 18 French Drain Required: Linear feet Date: 10/17/05 PERMIT EXPIRES 5 YEARS FROM ABOVE DATE This permit is subject to revocation if site plans or intended use change. GEWER ERSEMENT Signed : RS COLIVER TOLKADORF Environmental Health Specialist LEPAIR AREA 151 m AMAINTAIN ALL SETBACK \* SYSTEM BASED ON PROPOSAL FROM APPLICANT'S SOIL CONSULTANT

\*CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION

## HARNETT JUNTY DEPARTMENT OF PUBLIC HEALTH AUTHORIZATION TO CONSTRUCT

Harnett County Department of Public	ruct a wastewater system to Health Improvement Perm	02225	
authorization shall be valid for a perio	ed not to exceed five (5) year	rs from the date of issuance.	ji.
This authorization will be invalid if of	wnership, site plans, or int	ended use change.	
SHOWCASE CONST.		864-0944	
Name		Telephone #	
5506 YAOKIN RD FAYE	WEALTHE NC 38:	363	e:
_1124	RAMBEAU. RO		
Property Location SR#	Road Name		
WESTERFIELD 47 Subdivision Lot#	3 (3 to go) # Bedrooms Proposed	.345AL	
Subdivision Lot #	# Bedrooms Proposed	Lot Size	
2	<b>FYPE OF SYSTEM</b>		
New Installation [] Repair	Septic Tank Ni	trification Lines	
[ ] Conventional X Other 3' 1,	VEILTRATION OR EQUIVA	421	
[ ] Basement [ ] With Plumbing [	· · · · · · · · · · · · · · · · · · ·		
Water Supply: [ ] Well Publ	ic Water Supply Minimum	Well Setback: <u>Wo</u> Ft.	
Septic Tank gal	Pump Chamber	gal	
<b>NITRIFICAT</b>	ION FIELD SPECIFI	CATIONS	
Number of fields # of line	es per field 2 Leng	gth of lines <u>FO</u> Ft.	
Width of ditches ft. Depth of ditches inches			
French Drain: Linear feet required	Depth of gravel		
No wastewater system shall be covered Harnett County Health Department has the conditions of the Improvement Per	s determined that the system	has been installed according to	
On THE			
Relled : The	26	وما درا ما	
Signature of Authorized Agent for Harnett Co	unty	Date	