## HARNE COUNTY HEALTH DEPARTME

HTE# 05-50013147

## **IMPROVEMENT PERMIT 22221**

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) SHOWCASE CONSTRUCTION New Installation Septic Tank Repair
Property Location: SR# 1124 RAMBEAUT RO Nitrification Line Expansion Description Westers France Lot # 37
Tax ID# Quadrant #
Basement with Plumbing: Garage:
Water Supply:  Well Public Community  Distance From Well: From Well: ft.
Following is the minimum specifications for sewage disposal system on above captioned property.
Subject to final approval.  Pume To  Type of system:   Conventional Other 25% REDUCTION SYSTEM
Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons
Subsurface No. of exact length width of depth of Drainage Field ditches 5 ft. of each ditch 45 ft. ditches 3 ft. ditches in.
French Drain Required:Linear feet  Date: 10 10 05
This permit is subject to revocation if site PERMIT EXPIRES 5 YEARS FROM ABOVE DATE
plans or intended use change.
Signed: In Mas (OLIVER TOLKSDOR)
Environmental Health Specialist
AMOUNT OF THE RES
60'
PRIOR TO INSTALLATION
151'
<del>                                    </del>
L × 48'
<del>( 25' )</del>

## HARNETT C NTY DEPARTMENT OF PUB\_\_\_ 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 # 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.		
SHOWCASE CONSTRUCTION	864-0735	
Name	Telephone #	
5506 YAOKIN RD FAYEREVILLE NC	98303	
1124	RAMBEQUY RO	
Property Location SR#	Road Name	
WESTERFELD FROMS 37 3 (360 god) Subdivision Lot # Bedrooms Proposed	.46AC	
Subdivision Lot # # Bedrooms Proposed	Lot Size	
TYPE OF SYSTEM		
New Installation [] Repair Septic Tank	Nitrification Lines	
[ ] Conventional XI Other Pump To 25% REDV		
[ ] Basement [ ] With Plumbing [ ] Without Plumbing		
Water Supply: [ ] Well Public Water Supply Minimu	ım Well Setback: <u>\\00</u> Ft.	
Septic Tank gal Pump Chamber	yoo o gal	
NITRIFICATION FIELD SPECIFICATIONS		
Number of fields # of lines per field I	Length of lines 45 Ft.	
Width of ditches ft. Depth of ditches inches		
French Drain: Linear feet required Depth of gravel		
No most and a second se		
No wastewater system shall be covered or placed into use by a Harnett County Health Department has determined that the system conditions of the Improvement Permit and that a valid Ope	stem has been installed according to	
Signature of Authorized Agent for Harnett County	Date	
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