HTE# 05-50013183

IMPROVEMENT PERMIT 22233

Be it ordained by the Harnett County Board of Health a construction of any building at which a septic tank system is to be permit from the Harnett County Health Department."	as follows: Section III, Item B. "No person shall begin be used for disposal of sewage without first obtaining a written
Name: (owner) SHOWCASE CONSTRUCTION	New Installation A Septic Tank Repair
Property Location: SR# 1124 RAMBERUT RO Subdivision WESTERFIELD FARMS	
T ID!	Quadrant #
Number of Bedrooms Proposed: 3 (360 spd)	Lot Size: 46 AC
Basement with Plumbing: Garage:	
Water Supply: Well Public Communications From Well: Public ft. Following is the minimum specifications for sewage d	
Subject to final approval.	T 15°/ D
Type of system: Conventional Other Pum	or 10 9210 KEDUCTION
Size of tank: Septic Tank: 1000 gallons Pum	np Tank: <u>\000</u> gallons
Subsurface No. of exact length Drainage Field ditchesft. of each ditch	width of depth of ft. ditches 3 ft. ditches in.
French Drain Required:Linear feet	Date: 10 3) 05
This permit is subject to revocation if site	PERMIT EXPIRES 5 YEARS FROM ABOVE DATE
plans or intended use change.	III II
	Signed: RS (OHVERTOLKSOOF)
48	Environmental Health Specialist
	*MAINTAIN ALL SEABACKS
EERNE 168	PRIORTO INSTALLATION
11-	7' TOTAL -1
	-17'- A-17'- 193'

HARNET OUNTY DEPARTMENT OF BLIC HEALTH AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described Harnett County Department of Public Health, Improvement Permit # 2223 authorization shall be valid for a period not to exceed five (5) years from the date of issue This authorization will be invalid if ownership, site plans, or intended use change.	. This	
SHOWCASE CONSTRUCTION 910-864-07 Name Telephone #	35	
reserve to the second s		
5506 YAOKIN RD FAYETIEVILLE, NC 28303		
Property Location SR# Range Road Name		
_		
WESTERFELD Frame 43 3 (360 ged) .46 AC Subdivision Lot # Bedrooms Proposed Lot Size		
TYPE OF SYSTEM		
New Installation [] Repair Septic Tank Nitrification Lines		
[] Conventional NOther Pump To 25% REDUCTION SYSTEM		
[] Basement [] With Plumbing [] Without Plumbing		
Water Supply: [] Well Public Water Supply Minimum Well Setback: 100 Ft.		
Septic Tank voo gal Pump Chamber 1000	gal	
NITRIFICATION FIELD SPECIFICATIONS		
Number of fields # of lines per field \$\ \& \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Ft.	
Width of ditches ft. Depth of ditches 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.		
10/21/2	-	
Signature of Authorized Agent for Harnett County Date	0	