HTE# 05:50013372

## **IMPROVEMENT PERMIT 22343**

| Be it ordained by the Harnett County Board of Health as<br>construction of any building at which a septic tank system is to be<br>permit from the Harnett County Health Department." | used for disposal of sewage without first obtaining a writte |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| Name: (owner) frent Pience                                                                                                                                                           | New Installation Septic Tank Repair                          |
| Property Location: SR# 1115 Subdivision Cle 17/17                                                                                                                                    | Nitrification Line  Expansion  Lot #  \( \frac{1}{2} \)      |
| Tax ID#  Number of Bedrooms Proposed: 3(48 x 49) 760                                                                                                                                 | Quadrant #                                                   |
| Number of Bedrooms Proposed: 3(48 x 49) 365                                                                                                                                          | Lot Size: 1) / AC                                            |
| Basement with Plumbing: Garage: State Water Supply: Well Public Community Distance From Well: 50 ft.  Following is the minimum specifications for sewage distance.                   |                                                              |
|                                                                                                                                                                                      |                                                              |
| Type of system: Conventional Other                                                                                                                                                   | p to Conventional                                            |
| Size of tank: Septic Tank:   gallons Pump                                                                                                                                            | Tank: \square gallons                                        |
| Subsurface No. of exact length of each ditch                                                                                                                                         | width of depth of ditches 18-24 in.                          |
| French Drain Required:Linear feet                                                                                                                                                    | Date: 11-08-05                                               |
| This permit is subject to revocation if site plans or intended use change.                                                                                                           | PERMIT EXPIRES 5 YEARS FROM ABOVE DATE                       |
| 204                                                                                                                                                                                  | Signed : Environmental Health Specialist                     |
| Spric Area                                                                                                                                                                           | 2 45                                                         |
| 45                                                                                                                                                                                   | 3BA 78                                                       |
| 123                                                                                                                                                                                  | 11111                                                        |
| Meet Onsite.                                                                                                                                                                         | 117 ENSUITED IN IT                                           |
| STUD O-t Alimbing shallow                                                                                                                                                            | Promo                                                        |
| At ground level or higher and<br>may bot be Required. MAIN                                                                                                                           | ain All (ct Pact)                                            |

## ATTHORIZATION TO CO. TRUCT

| Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 22347                        |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|                                                                                                                                                                                                 |  |
| This authorization will be invalid if ownership, site plans, or intended use change.                                                                                                            |  |
| Telephone #                                                                                                                                                                                     |  |
| Address                                                                                                                                                                                         |  |
| Address                                                                                                                                                                                         |  |
| Property Location SR#                                                                                                                                                                           |  |
| Road Name                                                                                                                                                                                       |  |
| Subdivision (1) (2) (2)                                                                                                                                                                         |  |
| Lot Size                                                                                                                                                                                        |  |
| TYPE OF SYSTEM                                                                                                                                                                                  |  |
| New Installation [ ] Repair Septic Tank Nitrification Lines                                                                                                                                     |  |
| [] Conventional Hother runp To Conventional                                                                                                                                                     |  |
| [] Basement [] With Plumbing [] Without Plumbing Tire Chy 5 217                                                                                                                                 |  |
| Water Supply: [ ] Well Public Water Supply Minimum Well Setback: 50 Ft.                                                                                                                         |  |
| Septic Tank gal Pump Chamber 200 gal                                                                                                                                                            |  |
| NITRIFICATION FIELD SPECIFICATIONS                                                                                                                                                              |  |
| Number of fields # of lines per field Length of lines 245                                                                                                                                       |  |
| Width of ditches ft. Depth of ditches Ft.                                                                                                                                                       |  |
| inches it. Depth of ditches   6 d inches                                                                                                                                                        |  |
| French Drain: Linear feet required Depth of gravel                                                                                                                                              |  |
|                                                                                                                                                                                                 |  |
| No yyogtoyyoto a dalah                                                                                                                                                                          |  |
| 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 a little 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.    |  |
| a valid Operations Permit has been issued.                                                                                                                                                      |  |
| On West RS                                                                                                                                                                                      |  |
|                                                                                                                                                                                                 |  |
| Signature of Authorized Agent for Harnett County                                                                                                                                                |  |

Date