HTE#<u>0</u>550013341

IMPROVEMENT PERMIT 22245

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) 5 HOWCRSE CONSTRUCTION New Installation Septic Tank Repair Property Location: SR# 1124 RameEAUT RD Nitrification Line Expansion Lot # 39 Subdivision WESTERFIELD FARMS Tax ID# Number of Bedrooms Proposed: 3 (360 gd) Basement with Plumbing:
Garage: Water Supply: Well Public Community Distance From Well: \infty \infty ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system: \(\square\) Conventional \(\square\) Other 25% REQUETION STEM Size of tank: Septic Tank: 1000 gallons Pump Tank: gallons Subsurface No. of exact length width of depth of Drainage Field ditches 1 ft. of each ditch 300 ft. ditches 3 ft. ditches 16 XAM French Drain Required: Linear feet Date: 11 14 65 PERMIT EXPIRES 5 YEARS FROM ABOVE DATE This permit is subject to revocation if site plans or intended use change. Environmental Health Specialist RS COLIVER TOLKSDORT Signed: Los 39 *MAINTAIN ALL SETBACKS *MINIMUM OF 6" OF COVER WEEDED OVER ENTIRE SYSTEM * CONSTRUCTION TRAFFIL OVER DRAINFIELD MAY VOID PERMIT 124 *CALL WITH ANY QUESTIONS 150 PRIOR TO INSTALLATION * IF PLUMBING IS TOO DEEP 40 ×41' A PUMP WILL BE REQUIRED 40-SEPTIC UE VI IN SUPPLY EASEMEN PUMP MOSBY LN REPAIR

HARNET OUNTY DEPARTMENT OF BLIC HEALTH AUTHORIZATION TO CONSTRUCT

Harnett County Department of Public Health, Improvement Permit # 22245 . 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 Name	436-4698
	Telephone #
5506 VAOKINRO FANETIEVILLE NC 28303	
いみり Property Location SR#	RAMBEAU RO
	Road Name
WESTERTIED FARTS 39 3 (360 g) Subdivision Lot # # Bedrooms Prop	.345AC
Subdivision Lot # Bedrooms Prop	osed Lot Size
TYPE OF SYSTEM	
New Installation [] Repair Septic Tank Nitrification Lines	
[] Conventional X Other 25% Repuesion System	
[] Basement [] With Plumbing [] Without Plumbing	
Water Supply: [] Well Public Water Supply Minimum Well Setback: __\O\O\Ft.	
Septic Tank VOCO gal Pump Chamb	per gal
NITRIFICATION FIELD SPECIFICATIONS	
Number of fields # of lines per field l	Length of lines 300 Ft.
Width of ditches ft. Depth of ditches inches inches	
French Drain: Linear feet required Depth of gravel	
No wastewater system shall be covered or placed into use	hy any nerson until an inspection built
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.	
The same	
Signature of Authorized Agent for Harnett County	11/14/05
digitation of reactionized regard to the first Country	Date