IMPROVEMENT PERMIT 22243

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) SHONCRE CONSIDUCTION New Installation & Septic Tank Repair Property Location: SR# 1124 Ramseaut Ro Nitrification Line Expansion Subdivision WESTERFIELD FARMS Lot# 45 Tax ID# Ouadrant # Number of Bedrooms Proposed: 3 (360 ag) Lot Size: .345 Basement with Plumbing: Garage: 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 Pume To Conventional Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons Subsurface No. of exact length width of depth of ditches 3 ft. of each ditch 100 ft. ditches 3 ft. ditches 18 Drainage Field French Drain Required: Linear feet Date: 11 14 05 PERMIT EXPIRES & YEARS FROM ABOVE DATE This permit is subject to revocation if site plans or intended use change. es CHIVER TOLKSOOS *MAINTAIN ALL SETBAUG Signed: Environmental Health Specialist *CONSTRUCTION TRAFFIC OVER DEALNFIELD AREA MAY VOID PERMIT * CALL WITH ANY QUESTIONS 00-xW PRIOR TO INSTALLATON

HARNETT CC _ NTY DEPARTMENT OF PUE _ C 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 # 22243. 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.	
SHOULDER CONSTRUCTION	436-4698
Name	Telephone #
5506 YAOKIN RO FAYEREVILLE NO	28310
	FIRE FARMS RAMBERUT RD
Property Location SR#	Road Name
11 2 5	312
WESTERFELD FARMS 45 3 (360 g) Subdivision Lot # Bedrooms Prop	osed Lot Size
TYPE OF SYST	EM
New Installation [] Repair Septic Tank	
[] Conventional MOther Pume To CONVENTIONAL	
[] Basement [] With Plumbing [] Without Plumbing	
Water Supply: [] Well Public Water Supply Minimum Well Setback: No Ft.	
Septic Tank gal Pump Cham	ber Dos gal
NITRIFICATION FIELD SPECIFICATIONS	
Number of fields # of lines per field 3	Length of lines _ NOO _ 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.	
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12 MIMM 52	11)14/08
Signature of Authorized Agent for Harnett County	Date