HTE# 06-5-13998RQ

IMPROVEMENT PERMIT 22988

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) Moss Home BILDERS INC New Installation Septic Tank Repair Property Location: SR# Talee Ro Nitrification Line Expansion

D Subdivision PLANTOKION @ VINEYDAD GREENS Lot # 33 Quadrant # Tax ID# Number of Bedrooms Proposed: 4(490 60) Lot Size: 1/2 AC Basement with Plumbing:
Garage: Water Supply: Well Public Community Distance From Well: ______ ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system:

Conventional Other 25% REDUCTION SYSTEM Size of tank: Septic Tank: 1006 gallons Pump Tank: gallons Subsurface No. of exact length width of depth of Drainage Field ditches 4 1. of each ditch 100 ft. ditches 3 ft. ditches R-20 in. French Drain Required: Linear feet This permit is subject to revocation if site EXPIRES 5 YEARS FROM ABOVE DATE plans or intended use change. Signed: Environmental Health Specialist 114-*MAINTAIN ALL SETBACKS * USE STEPDOWN AS NEEDED *CALL WITH ANY QUESTIONS PRIORTO INSTALLATION PUMP 25% REDUCTION REPAIR 176

HARNETT COUNTY DEPARTMENT OF PUBLIC 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 #
Moss Home Builders 890-2111
Name Telephone #
8030x577 LILLIAGION NC 27546
Address
Taxon 8.
Property Location SR# Road Name
PLANTONIONO VINCIDADO 33
Subdivision Lot # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
New Installation [] Repair Septic Tank Nitrification Lines
[] Conventional MOther 25% REDUCTION SYSTEM
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well Public Water Supply Minimum Well Setback: VoFt.
Septic Tank gal Pump Chamber gal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field Length of lines 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.
25/21/2 St Collection 25
Signature of Authorized Agent for Harnett County Date