HTE#<u>06-50014333</u>

IMPROVEMENT PERMIT 22608

Name: (owner)	construct permit fr	tion of any building at voom the Harnett County	arnett County Board of which a septic tank syste y Health Department."	m is to be u	ised for dispo	sal of sewage witho	out first obtaining a v		
Property Location: SR#	Name: (me: (owner) WEAULT DEV.			New Installation Septic Tank Repair				
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% feed for System. Size of tank: Septic Tank: Septic Tank: Signed in the subject to revocation if site plans or intended use change. Signed: Fermit is subject to revocation if site plans or intended use change. Signed: Fermit Expires 5 Years FROM ABOVE DATE French Drain Required: Signed: Fermit Expires 5 Years FROM ABOVE DATE	Property Location: SR# 1141 Subdivision SUNSET Ridge Tax ID# Number of Redrooms Proposed: 3(48×60)) 7/->	Nitrification Line Expansion Lot # 137 Quadrant #				
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% led down SYTEM Size of tank: Septic Tank: Septic Tank: Size of tank: Septic Tank: Gallons Subsurface No. of Conventional ft. of each ditch ft. of each ditches ft. of each ditch	Baseme	ent with Plumbing:	Garage:	260	8PC 200	Size. OSTI			
Size of tank: Septic Tank: Septic Tank: Septic Tank: Septic Tank: Septic Tank: Septic Tank: Subsurface No. of cach ditch sexact length of the depth of ditches fit. of each ditch sexact length of the depth of the ditches fit. d	Water S Distance Followi Subject	Supply: Well well: we	Public ft.	wage disp	osal system				
Subsurface No. of Drainage Field ditches	Type of	system:	ventional 💆 Othe	er 25°	1s Nedu	tion SYJT:	EM		
French Drain Required: Linear feet Date: 3-71-06 PERMIT EXPIRES 5 YEARS FROM ABOVE DATE Signed: Signed: 150 Fervironmental Health Specialist PAIR Signed: 150 PAIR Signed: PAIR S	Size of	tank: Septic Tank: _	333 gallons	Pump 7	Гапк:	gallons			
This permit is subject to revocation if site plans or intended use change. Signed:	Subsurf Drainag	ace No. of ditches	exact leng	gth litch 150	mid ft. dite	th of hesft.	depth of ditches /8.1	<u>f</u> in.	
This permit is subject to revocation if site plans or intended use change. Signed: 155 PERMIT EXPIRES 5 YEARS FROM ABOVE DATE PERMIT EXPIRES 5 YEARS FROM ABOVE DAT	French 1	Drain Required:	Linear fee	t 4 25%	Date:	3.71.06			
Signed: Devironmental Health Specialist 20 100 100 100 100 100 100 100	- 9	•					S FROM ABOVE D	ATE	
100 10 TIO TIO TIO	plans o	r intended use char	ige.		Signed :	Environmental	() Health Specialist		
STUD of Plunky shallow when shown (grand level or history Marston All set Back)	100	10 To Stud out	3BV Jungs shall	710		Lepain	61	- Jos	

HARNETT COUNTY DEPARTMENT OF DIJBLIC HEALTH THORIZATION TO CON__RUCT

Harnett County Department of Public Health, Improvement Permit # 2268. This authorization shall be valid for a period not to exceed five (5) years from the latest authorization.						
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.						
Weaver Dev.						
Name Telephone #						
Telephone #						
Address						
1141						
Property Location SR# Road Name						
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: 50 Ft.						
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 824 inches OF 25% Reduction						
French Drain: Linear feet required Depth of gravel						
No wastewater system shall be covered or placed into your						
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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() 1) + 00						
Significant Authorized Acade W						
Signature of Authorized Agent for Harnett County Date						