IMPROVEMENT PERMIT 22927

construction of any building at which a septic tank system is to permit from the Harnett County Health Department."	
Name: (owner) H+ H Constructors, Inc.	New Installation Septic Tank Repair
Property Location: SR# <u>1/25 Lemuel Black R</u> Subdivision <i>Fovest Oaks</i>	Nitrification Line Expansion Lot # 30
Subdivision Forest Oaks Tax ID#	Quadrant #
Number of Bedrooms Proposed: 4 59x 52 (Y	80 80d) Lot Size: -35
Basement with Plumbing: Garage:	
Water Supply: Well Public Comm	nunity
Distance From Well:ft. Following is the minimum specifications for sewage	disposal system on above continued property
Subject to final approval.	disposar system on above captioned property.
Type of system:	5% Reduction STITEM
Type of system.	5/5 Kideenox Stories
Size of tank: Septic Tank: 1000 gallons Pu	mp Tank: gallons
Subsurface No. of exact length	width of depth of
Drainage Field ditches 2 1. of each ditch_	
d a	5% Redution System
French Drain Required:Linear feet	Date: 5-5-06
This permit is subject to revocation if site	PERMIT EXPIRES 5 YEARS FROM ABOVE DATE
plans or intended use change.	TERMIT EATTRES 5 TEARS FROM ABOVE DATE
plans of intended use change.	0 -0:1 0 1 20:
	Signed: Janue Turbenton ()- (18)
100	(Environmental Health Specialist
107	STUB O + Plumbing
	Plumbing
	LPP: Shallow
71/ 60'	Repair Re
6'	320
	2' All set Back,
15 House	'a l
House	
20.5	20.5
15.04	
	<u> </u>
10 1 4	30.5
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100	

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH A HORIZATION TO CONS UCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 22927 . 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.	
Hoh Cont.	
Name Telephone #	
Address	
Property Location SR#	
Road Name	
Subdivision Subdi	
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	
Normalism of Guld	
Width of ditches	
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 great placed in the state of the system is a second of the 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.	
Signature of Authorized Agent for Harnett County	
Signature of Authorized Agent for Harnett County Date	