## HTE#0650014440

## **IMPROVEMENT PERMIT** 22926

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) Har Constructors New Installation Septic Tank Repair Property Location: SR# Lemue | Black Rd Nitrification Line Expansion Subdivision Forest Oaks

Tax ID#

Number of Bedrooms Proposed: 3 4lex59 3leaged Lot Size: 35ac Basement with Plumbing: Garage: Water Supply: Well Distance From Well: 50 Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional Other Type of system: Pump Tank: gallons Size of tank: Septic Tank: 1000 gallons width of No. of exact length width of depth of ditches 2 ft. ditches 3 ft. ditches 82 in. exact length depth of Subsurface Drainage Field French Drain Required: Linear feet Date: 9-5-06 PERMIT EXPIRES 5 YEARS FROM ABOVE DATE This permit is subject to revocation if site plans or intended use change. Signed: Janue Turlington Environmental Health Specialist CluBo-t Plumbing Shallow (a' Maintain All set Back Deck W 41.92 House

## 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 # 22724. 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.
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Name Telephone #
Address
Property Location SR# Road Name
FOREST OAKS 3 ( 3/6x54) 360pcl ,35Ac Subdivision Lot # # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
New Installation [ ] Repair Septic Tank Nitrification Lines
Conventional [ ] Other
[ ] Basement [ ] With Plumbing [ ] Without Plumbing
Water Supply: [ ] Well Public Water Supply Minimum Well Setback:Ft.
Septic Tank 1000 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   8 2 4 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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