

HARNE COUNTY HEALTH DEPARTMENT

HTE# 06-50014607R

IMPROVEMENT PERMIT 23039

Replace Permit # 22936

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) H&H Const. New Installation [X] Septic Tank [X] Repair []

Property Location: SR# 1125 Nitrification Line [X] Expansion []

Subdivision FOREST OAKS Lot # 95

Tax ID# Quadrant #

Number of Bedrooms Proposed: 3 (55x59) 360 sqd Lot Size: .35 AC

Basement with Plumbing: [] Garage: [X]

Water Supply: [] Well [X] Public [] Community

Distance From Well: 50 ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: [] Conventional [X] Other Pump to 25% Reduction System

Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons

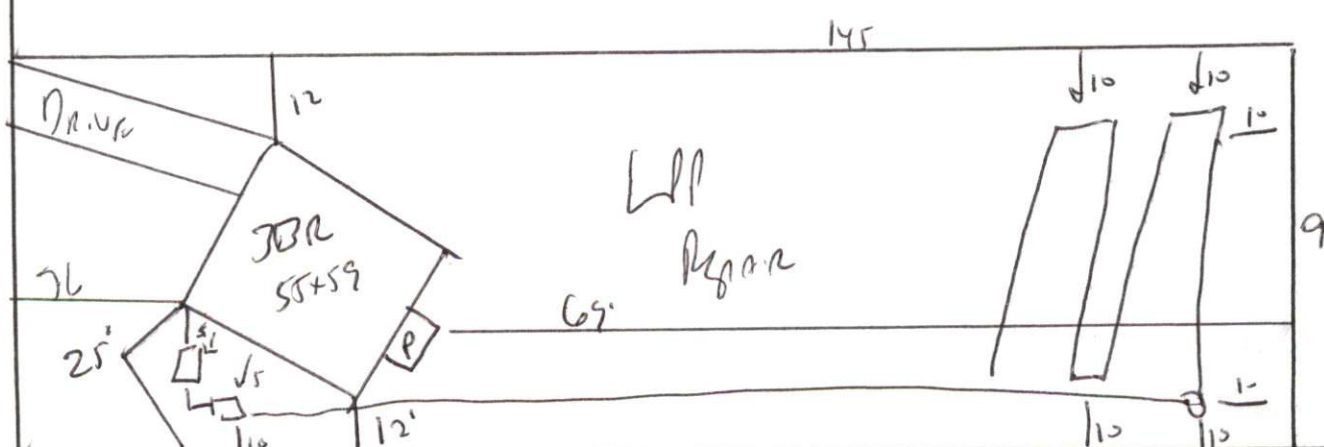
Subsurface Drainage Field No. of ditches 1 ft. exact length 150 ft. width of ditches 3 ft. depth of ditches 18.24 in.

French Drain Required: Linear feet or 25% Reduction System

Date: 07-18-06 PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

This permit is subject to revocation if site plans or intended use change.

Signed: [Signature] Environmental Health Specialist



Meet on site for Final Log & maintain All set Backs

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 # 23039. 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.*

H&H Const.

Name

Telephone #

Address

1125

Property Location SR#

Road Name

FDMA 01010

95

(255x159) 762 gal

.35 ac

Subdivision

Lot #

Bedrooms Proposed

Lot Size

TYPE OF SYSTEM

New Installation [] Repair

Septic Tank

Nitrification Lines

[] Conventional

Other

Pump to 25% Reduction SYSTEM

[] Basement [] With Plumbing

[] Without Plumbing

Water Supply: [] Well

[] Public Water Supply Minimum Well Setback: _____ Ft.

Septic Tank 1000 gal

Pump Chamber 1000 gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 150 Ft.

Width of ditches 3 ft. Depth of ditches _____ inches

OF 25% Reduction SYSTEM

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.

Joe Waters

Signature of Authorized Agent for Harnett County

07-18-06

Date