IMPROVEMENT PERMIT 23067

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) HH Cont. New Installation Septic Tank Repair Property Location: SR# ________ Nitrification Line Expansion Subdivision | Ski)7 3 Ak)

Tax ID#

Number of Bedrooms Proposed: 3(48,41) 363 CE

Lot Size: 52 nz Basement with Plumbing: Garage: Water Supply: Well Public Community Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system: Conventional Other Vary 1. 25 16 Relation System Size of tank: Septic Tank: ככל gallons Pump Tank: בכב gallons Subsurface No. of exact length width of depth of the of each ditches ft. of each ditches ft. ditches f Date: 06-06-06 PERMIT EXPIRES 5 YEARS FROM ABOVE DATE This permit is subject to revocation if site plans or intended use change. Signed: Environmental Health Specialist Meet onsite for Final LAXX+ Maintain All SetBahs 380 YYX87

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 # 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.	
Ha H Const.	
	receptotic #
Address	•
1125	
Property Location SR#	Road Name
FOREST OAK 98 3(48x) Subdivision Lot # #Bedrooms Pro	posed Lot Size
TYPE OF SYSTEM	
New Installation [] Repair Septic Tank	Nitrification Lines
New Installation [] Repair Septic Tank [] Conventional Other Conventional Other Conventional Other Ot	5% Reduction SYSTEM
[] Basement [] With Plumbing [] Without Plumbin	g
Water Supply: [] Well [] Public Water Supply Mi	nimum Well Setback:Ft.
Septic Tank gal Pump Chaml	per \000 gal
NITRIFICATION FIELD SPECIFICATIONS	
Number of fields# of lines per field	Length of lines / 50 Ft.
Width of ditches ft. Depth of ditches inches OF 25% Reduction STITEM	
French Drain: Linear feet required Depth of gravel	
No wastewater system shall be covered or placed into use Harnett County Health Department has determined that the the conditions of the Improvement Permit and that a valid	system has been installed according to
On 1 Just RS	06.06.06
Signature of Authorized Agent for Harnett County	Date