## HA ETT COUNTY HEALTH DEPAR' INT

HTE# 06-500 14645

## **IMPROVEMENT PERMIT 23021**

onstruction of any building at which a septic tank system is to be used for disposal of sewage without first obtaining a written termit from the Harnett County Health Department."
Name: (owner) CAUNCY Land Ocv. New Installation & Septic Tank & Repair
Property Location: SR# 1125 Nitrification Line Expansion
Subdivision Wood Shine Lot # 137
Number of Bedrooms Proposed: 4(50x60) 480 gpc Lot Size: -41 Ac
Basement with Plumbing:  Garage:  S
Water Supply:  Well  Public  Community
Distance From Well: 52 ft.
Following is the minimum specifications for sewage disposal system on above captioned property.  Subject to final approval.
Type of system:   Conventional Other 257- Reduction System
Size of tank: Septic Tank: gallons Pump Tank: gallons
Subsurface No. of exact length width of depth of Orainage Field ditches 1 ft. of each ditch 210 ft. ditches 3 ft. ditches 18.24 in.
ronah Drain Daguradi Lingar taat
Date: 530-06
This permit is subject to revocation if site  PERMIT EXPIRES 5 YEARS FROM ABOVE DATE  PERMIT EXPIRES 5 YEARS FROM ABOVE DATE
plans or intended use change.
STUB OCA Plumsing 5 harriss Signed:
STUB Out Plumbing Shallow At ground level or higher Signed: Invironmental Health Specialist
STUB Out Plumbing Shallow At ground level or higher  MAINTAIN All set BACKS  Signed: Invironmental Health Specialist
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31. ADV TIN SIN SIN SIN SIN SIN SIN SIN SIN SIN S
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## HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications of Harnett County Department of Public Health, Improvement Permit # 2302 (authorization shall be valid for a period not to exceed five (5) years from the date of its exceed five (5).	. This
This authorization will be invalid if ownership, site plans, or intended use change.	ssuance.
Name Telephone #	
Address	
Property Location SR# Road Name	
Subdivision  Lot # Bedrooms Proposed  Lot Size	
Subdivision Lot # # Bedrooms Proposed Lot Size	
TYPE OF SYSTEM	
New Installation [ ] Repair Septic Tank Nitrification Lines	
MOther 25% Reductor System	
[ ] Basement [ ] With Plumbing [ ] Without Plumbing	
Water Supply: [ ] Well Public Water Supply Minimum Well Setback: 5	Ft.
Septic Tank 1000 gal Pump Chamber	_ gal
NITRIFICATION FIELD SPECIFICATIONS	
Number of fields # of lines per field   Length of lines \( \partial \)	Ft.
Width of ditches ft. Depth of ditches inches inches	eduction poten
French Drain: Linear feet required Depth of gravel	
No wastawatar ayatam aball be assured as also distant.	
No wastewater system shall be covered or placed into use by any person until an inspect Harnett County Health Department has determined that the system has been installed a	ction by the
the conditions of the Improvement Permit and that a valid Operations Permit has been	ssued.
<b>^</b>	
Un West RS 5.200	_
Signature of Authorized Agent for Harnett County Date	