

HAF FT COUNTY HEALTH DEPART NT  
HTE# 06-500/4861

# IMPROVEMENT PERMIT 23030

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) H9H Const. New Installation  Septic Tank  Repair   
Property Location: SR# 1125 Nitrification Line  Expansion   
Subdivision Woodshire Ph 4 Lot # 101  
Tax ID# \_\_\_\_\_ Quadrant # \_\_\_\_\_  
Number of Bedrooms Proposed: 3 (54x49) 360 gpd Lot Size: 0.54 AC

Basement with Plumbing:  Garage:   
Water Supply:  Well  Public  Community  
Distance From Well: 50 ft.

*due to issuance of permit # 22592*

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

Type of system:  Conventional  Other 25% Reduction SYSTEM

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

Subsurface No. of exact length width of depth of  
Drainage Field ditches \_\_\_\_\_ ft. of each ditch 150 ft. ditches 3 ft. ditches 18 1/4 in.

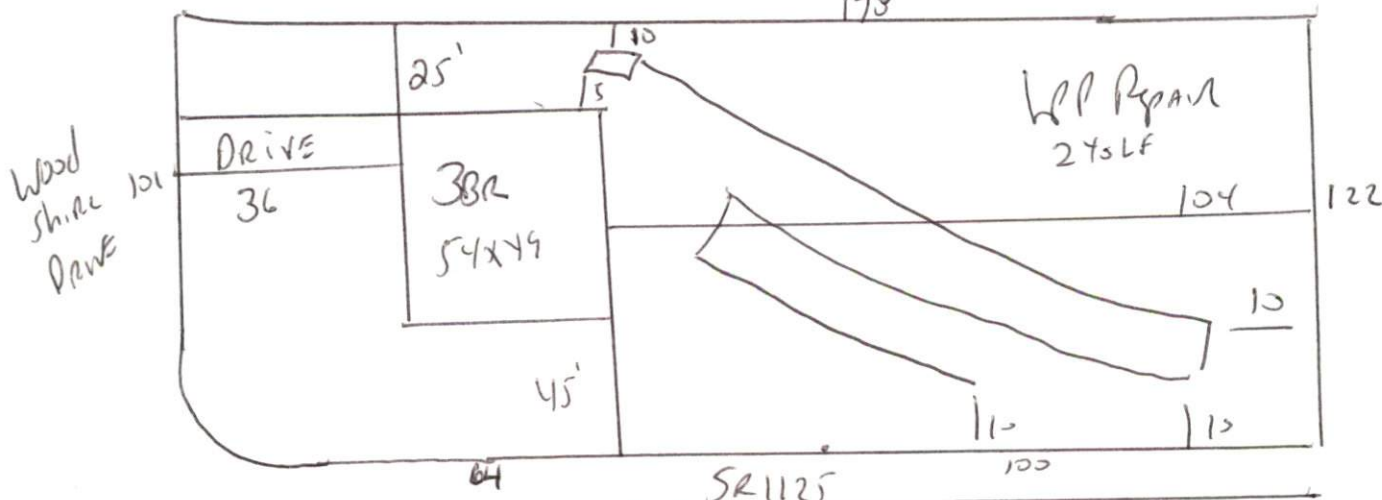
French Drain Required: \_\_\_\_\_ Linear feet 25% Reduction SYSTEM

Date: 06-08-06

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

PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

Signed: J. Lani  
Environmental Health Specialist



STAB out Plumbing shallow - maintain All setbacks

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 # 23020. 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.*

J & H Const.  
Name

Telephone #

Address

1125

Property Location SR#

Road Name

Woodshore Plat  
Subdivision

101  
Lot #

3154 x 79  
# Bedrooms Proposed

.54 ac  
Lot Size

**TYPE OF SYSTEM**

New Installation  Repair  Septic Tank  Nitrification Lines

Other 25% Reduction system

Basement  With Plumbing  Without Plumbing

Water Supply:  Well  Public Water Supply Minimum Well Setback: 50 Ft.

Septic Tank 1000 gal Pump Chamber \_\_\_\_\_ 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 18.24 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.

Jon West AS  
Signature of Authorized Agent for Harnett County

06-03-06  
Date