HTE# 06-500 14862

IMPROVEMENT PERMIT 23057

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 bermit from the Harnett County Health Department."
Name: (owner) H& H Const. New Installation Septic Tank Repair
Property Location: SR# 125 Nitrification Line Expansion D Subdivision World Shike PH- 4 Lot # 118
Number of Bedrooms Proposed: 3(69x55) 360 800 Lot Size: ,35AC
Basement with Plumbing: Garage:
Water Supply: Well Public Community Distance From Well: ft.
Following is the minimum specifications for sewage disposal system on above captioned property.
Subject to final approval. Type of system: Conventional Other 25% Reductor SYITEM
Size of tank: Septic Tank: gallons Pump Tank: gallons
Subsurface No. of exact length width of depth of depth of ditches ft. of each ditch ft. of each ditch
French Drain Required:Linear feet 425% Reduction System Date: 06-01-06
This permit is subject to revocation if site PERMIT EXPIRES 5 YEARS FROM ABOVE DATE
plans or intended use change.
Signed: Signed:
Environmental Health Specialist
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HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH A 'HORIZATION TO CON RUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 23057 This authorization will be invalid if ownership site release (5) years from the date of issuance.
Ha H Const.
Name Telephone #
Address
Property Location SR#
Road Name Wordthing Phy 118 3(19x55) 315 3502 Subdivision Lot # # Bedrooms Proposed Lot Size
New Installation [] Repair Septic Tank Nitrification Lines
[] Conventional MOther 25% Reduction SYSTEM
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well Public Water Supply Minimum Well Setback: Ft.
Septic Tank gal Pump Chamber gal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of time 5 to 1
Width of ditches
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 a linear transfer of the system has been supported by the system
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.
On West RS
Signature of Authorized Agent for Harnett County