

# IMPROVEMENT PERMIT 23058

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 Cont. New Installation  Septic Tank  Repair   
 Property Location: SR# 1125 Nitrification Line  Expansion   
 Subdivision Woodshire Ph 4 Lot # 119  
 Tax ID# \_\_\_\_\_ Quadrant # \_\_\_\_\_  
 Number of Bedrooms Proposed: 3 (62x60) 360 sqft Lot Size: .36 ac

Basement with Plumbing:  Garage:   
 Water Supply:  Well  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  Other 25% Reduction SYSTEM

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

Subsurface Drainage Field No. of ditches 1 ft. exact length of each ditch 150 ft. width of ditches 3 ft. depth of ditches 18" x 24" in.

French Drain Required: \_\_\_\_\_ Linear feet of 25% Reduction system

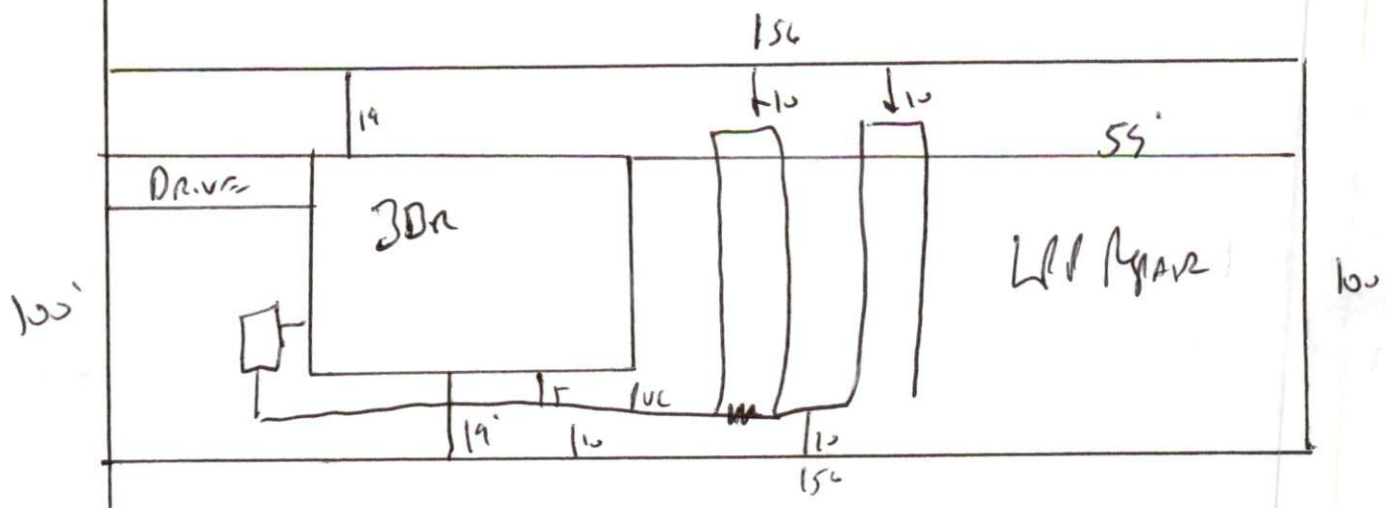
Date: 06-01-06

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

**PERMIT EXPIRES 5 YEARS FROM ABOVE DATE**

Signed: [Signature]  
 Environmental Health Specialist

Meet onsite  
MAINTAIN ALL SET BACKS  
STUB OUT PLUMBING SHALLOW WHERE SHOWN



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 # 23058. 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.*

HeH Const.  
Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_

1125  
Property Location SR# \_\_\_\_\_ Road Name \_\_\_\_\_

Woodshine Ph 4 119 3(62x60) Sept .36Ac  
Subdivision Lot # # Bedrooms Proposed Lot Size

**TYPE OF SYSTEM**

New Installation [ ] Repair  Septic Tank  Nitrification Lines

[ ] Conventional  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.

Joe West RS \_\_\_\_\_ 06-01-04  
Signature of Authorized Agent for Harnett County Date