

# IMPROVEMENT PERMIT 23034

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) He H cont. New Installation  Septic Tank  Repair

Property Location: SR# 1125 Nitrification Line  Expansion

Subdivision Woodshire Phase 4 Lot # 131

Tax ID# \_\_\_\_\_ Quadrant # \_\_\_\_\_

Number of Bedrooms Proposed: 3(69x55) 260 gpd Lot Size: .40 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 Pump to Conventional

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

Subsurface Drainage Field No. of ditches 4 exact length of each ditch 50 ft. width of ditches 3 ft. depth of ditches 1824 in.

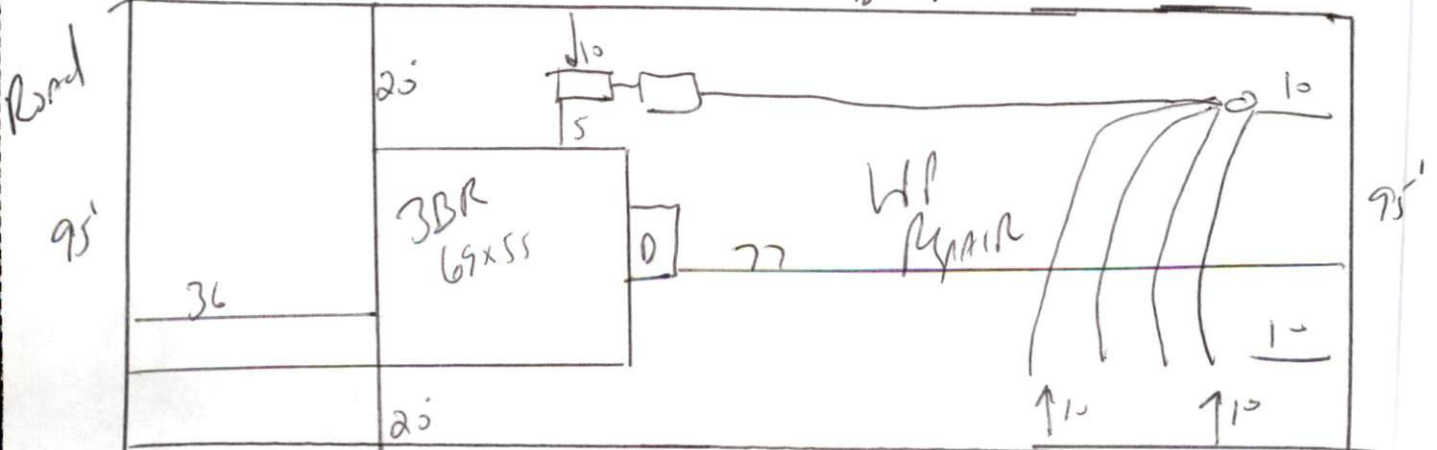
French Drain Required: \_\_\_\_\_ Linear feet

Date: 06-09-06

PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

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

Signed: [Signature]  
Environmental Health Specialist



Meet onsite  
STUB out Plumbing shallow where shown and pump may not be required - 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 # 23034. 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.*

H & H Const.  
Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_  
1125

Property Location SR# \_\_\_\_\_ Road Name \_\_\_\_\_  
Woodshinz @ Ph 4 131 3/69x55) 360 apcd YDA  
Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_ # Bedrooms Proposed \_\_\_\_\_ Lot Size \_\_\_\_\_

**TYPE OF SYSTEM**

- New Installation [ ] Repair  Septic Tank  Nitrification Lines  
[ ] Conventional  Other Pump To Conventional  
[ ] Basement [ ] With Plumbing [ ] Without Plumbing

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

Septic Tank 1000 gal Pump Chamber 1000 gal

**NITRIFICATION FIELD SPECIFICATIONS**

Number of fields 1 # of lines per field 4 Length of lines 50 Ft.

Width of ditches 3 ft. Depth of ditches 18.24 inches

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  
Signature of Authorized Agent for Harnett County

06-09-04  
Date