## HARNET COUNTY HEALTH DEPARTMEN

HTE 06500 15039

## **IMPROVEMENT PERMIT**

21784

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)	New Installation Septic Tank □ Repairs Nitrification Line
Subdivision bodshire	Lot # 102
Toy ID #	Ovadeant #
Number of Bedrooms Proposed: 4BR (480 yal) Lot S	lize: .53 A
Basement with Plumbing: Garage:	
Water Supply:	
Distance From Well: 50 ft.	
Following is the minimum specifications for sewage disposal sy to final approval.	ystem on above captioned property. Subject
Type of system:	Reduction Regulard
Size of tank: Septic Tank: 1000 gallons Pump	Tank:gallons
Subsurface No. of exact length of each ditch 240 ft.	width of depth of ditches 3 ft. depth of ditches 18-24 in.
French Drain Required:Linear feet	
	6/14/06
This permit is subject to revocation if site  plans or intended use change.  * Mondernall stephen KS  * Install stephens as headed Sonor Drive  * Install lines or control  * Any goestions, place coll before instally  Lot loz	Environmental Health Specialist
Possing State Stat	ARSA SOX SO

## 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 # 2/784. 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.    Woodshire Pritaris   Gid 4f3-5353     Name   Telephone #   1540   Puidoe Pritaria   Address   Addr	
Name Telephone #	
1540 Puidue Prive	
Address	
1125 Property Location SR#  Road Name	
1/20 1/20	
Property Location SR#  Road Name    Location SR#   Road Name    Location SR#   Location SR#   Road Name    Location SR#   Road Name	
TYPE OF SYSTEM	
New Installation [ ] Repair Septic Tank Nitrification Lines	
[] Conventional LOther 25% Reduction.	
[ ] 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 lines per field Length of lines Ft.	
Width of ditches ft. Depth of ditches $1824$ 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 Interovement Permit and that a valid Operations Permit has been issued.	
11-41	
Slave C	
Signature of Authorized Agent for Harnett County  Date	