HTE# 06-5-15265

IMPROVEMENT PERMIT 23105

construction of any building at which a septic tank system is to be permit from the Harnett County Health Department."	be used for disposal of sewage without first obtaining a written
Name: (owner) BIHDE! Homes INC	New Installation Septic Fank Repair
Property Location: SR# 1929 Chalphante RD Subdivision DEX TENFER 1) Tax ID#	Nitrification Line Expansion
Subdivision DEX TERFLEID	Lot#_6z
Tax ID#	Quadrant #
Number of Bedrooms Proposed: 3872 366 61 5	Lot Size: 401
Basement with Plumbing: Garage:	
Water Supply: Well Public Commu	unity
Distance From Well: ft.	
Following is the minimum specifications for sewage d	isposal system on above captioned property.
Subject to final approval.	
Type of system: Conventional Other <u>25%</u>	Reduction System
Size of tank: Septic Tank: 1000 gallons Pum	
Subsurface No. of exact length Drainage Field ditches	width of depth of 40 ft. ditches 3 ft. ditches 22-3/8 in.
French Drain Required:Linear feet	Date: 7-13-06
This permit is subject to revocation if site plans or intended use change.	PERMIT EXPIRES 5 YEARS FROM ABOVE DATE
	Signed Ames Markant Environmental Health Specialist
Party repair	G 25- >
DEXTERFIELD	DRIVE

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUTHORIZATION TO CONSTRUCT

Name Telephone #
Address 1425
DexTension Lot # Bedrooms Proposed Lot Size
TYPE OF SYSTEM [New Installation [] Repair [Septic Tank [Nitrification Lines [] Conventional [Other 15% Reductive System [] Basement [] With Plumbing [] Without Plumbing Water Supply: [] Well [Public Water Supply Minimum Well Setback: Ft. Septic Tank
[] New Installation [] Repair [] Septic Tank [] Nitrification Lines [] Conventional [] Other 15% Reductive Syst— [] Basement [] With Plumbing [] Without Plumbing Water Supply: [] Well [] Public Water Supply Minimum Well Setback: Ft. Septic Tank gal
[] Conventional [] Other 15% Research System [] Basement [] With Plumbing [] Without Plumbing Water Supply: [] Well [] Public Water Supply Minimum Well Setback:
[] Conventional [] Other 15% Research System [] Basement [] With Plumbing [] Without Plumbing Water Supply: [] Well [] Public Water Supply Minimum Well Setback:
[] Basement [] With Plumbing [] Without Plumbing Water Supply: [] Well [Public Water Supply Minimum Well Setback:Ft. Septic Tank
Septic Tank gal Pump Chamber gal NITRIFICATION FIELD SPECIFICATIONS
NITRIFICATION FIELD SPECIFICATIONS
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Number of fields # of lines per field Length of lines Ft.
Width of ditches ft. Depth of ditches 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.
Signature of Authorized Agent for Harnett County Date