HTE#<u>06-5-15287</u>

IMPROVEMENT PERMIT 23115

construction of any building at which a septic tank syst permit from the Harnett County Health Department."	Health as follows: Section III, Item B. "No person shall begin em is to be used for disposal of sewage without first obtaining a writter
Name: (owner) HAMIITON Buildens	New Installation Septic Tank Repair
Property Location: SR# 401N	Nitrification Line Expansion
Subdivision SHERMAN PINES	Lot # _ 3
Tax ID#	Quadrant # Bookpo Lot Size: 1.193
	BLO 6PD Lot Size: 1.193
Basement with Plumbing: Garage:	
Water Supply: Well Public	Community
Distance From Well: ft.	
	ewage disposal system on above captioned property.
Subject to final approval.	
Type of system: Conventional Other	er 13 % Reduction System
Size of tank: Septic Tank: gallons	Pump Tank: gallons
Subsurface No. of exact lend Drainage Field ditches 3 ft. of each of	gth width of depth of ditches 3 ft. ditches 28"->/8in.
French Drain Required:Linear fee	Date: 7 - 31- 06
This permit is subject to revocation if site plans or intended use change.	PERMIT EXPIRES 5 YEARS FROM ABOVE DATE
	Signed Environmental Health Specialist
POND	117.00
Some	
2.48	
60' HOME 626'	
Purp to confession of the	
THERMAN PTWEE	TP2

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 # 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.		
HAME HON Builders 893-8427 Name Telephone #		
HAME HON Builders Name 893-8427 Telephone # 286 PENG ST GAST LELLENGTON N.C. 27546 Address		
401401Property Location SR#Road Name		
SHEIMAN PINES 3 35Rn 3606PA 1.193 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:Ft.		
Septic Tankgal Pump Chambergal		
NITRIFICATION FIELD SPECIFICATIONS		
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		