HTE# 06-50015315

## **IMPROVEMENT PERMIT** 23099

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 writt permit from the Harnett County Health Department."
Name: (owner) Bill Clark Homes New Installation Septic Tank Repair
Property Location: SR# 137 Nitrification Line Expansion Lot #
Number of Bedrooms Proposed: 3(47x46) 360 god Lot Size: .347 Ac
Basement with Plumbing: Garage:
Water Supply:  Well  Public  Community
Distance From Well: 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: gallons Pump Tank: gallons
Subsurface No. of 2 exact length width of depth of Drainage Field ditches ft. of each ditch ft. ditches ft. ditches ft. ditches ft. ditches
French Drain Required: Linear feet 425% Reduction System
Date: 07- 6-14-06
This permit is subject to revocation if site PERMIT EXPIRES 5 YEARS FROM ABOVE DATE plans or intended use change.
Place Bern Along Proprof him Signed: ( LAN)
Proving Service Environmental Health Specialist
A TRUMOTE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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5743 of Plumbing shallow where shown Maintain All
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## HARNETT COUNTY DEPARTMENT OF PUT IC HEALTH AU ORIZATION TO CONST...CT

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.
Name
Telephone #
A.11
Address
1137
Property Location SR# Road Name
1 Atten ( Point 4 3 ( 47 x 7 4 ) 22 1 242.
Subdivision  Lot # Bedrooms Proposed  Lot Size
TYPE OF SYSTEM
New Installation [ ] Repair Septic Tank Nitrification Lines
[ ] Conventional MOther 25% Reduction SYSTEM
[ ] Basement [ ] With Plumbing [ ] Without Plumbing
Water Supply: [ ] Well Public Water Supply Minimum Well Setback: Ft.
Septic Tank OOO 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 inches OF 25% Reduction SYSTEM
French Drain: Linear feet required Depth of gravel
No wastewater system shall be covered or all a line
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 Operation B.
the conditions of the Improvement Permit and that a valid Operations Permit has been issued.
Provide t offilt has been issued.
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Signature of Authorized Asset for Hand
Signature of Authorized Agent for Harnett County