HTE#06-5-15428

IMPROVEMENT PERMIT 23180

construction of any building at which a sept permit from the Harnett County Health Dep	
Name: (owner) DTF Construction	New Installation Septic Tank Repair
	Nitrification Line A Expansion
Tax ID#	Quadrant #
Tax ID#	(360 ged) Lot Size: 2.07 AC
Basement with Plumbing: Garage	
Water Supply: Well Publ Distance From Well: Publ	
	ons for sewage disposal system on above captioned property.
Subject to final approval.	
Type of system:	Other Pump To CONNENTIONAL
Size of tank: Septic Tank: 1000	gallons Pump Tank: 1000 gallons
Subsurface No. of	exact length width of depth of
Drainage Field ditches 1.	of each ditch 300 ft. ditches 3 ft. ditches 18 in.
French Drain Required:	Linear feet
771	Date: Q 9 66 PERMIT EXPIRES 5 YEARS FROM ABOVE DATE
This permit is subject to revocation i	T SITE PERMIT EXPIRES 5 YEARS FROM ABOVE DATE
plans or intended use change.	
* MET ON SITE FOR FINAL LAYOUT.	Signed: Signed: (OLIVER TOLKSOOF) Environmental Health Specialist
*SYSTEM SIZE AND TYPE	
AGREED TO BY APPLICANT	517'
on eleloc	
	ORALMACE EASEMENT
	80 DET C2.
	437 CERIE 60' 12-30-
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HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUTHORIZATION TO CONSTRUCT

Harnett County Department of Public Health, Improvement Perauthorization shall be valid for a period not to exceed five (5) This authorization will be invalid if ownership, site plans, or	ermit # 23180 . This	
OTF CONSTRUCTION	212-813-2810	
Name	Telephone #	
POBOX 275 FUQUAY VARINA NC 27526 Address		
Property Location SR#	Road Name	
CROSSLINK 43A 3(340.0)	2.07.	
Subdivision Lot # # Bedrooms Proposed	Lot Size	
TYPE OF SYSTEM		
New Installation [] Repair Septic Tank	Nitrification Lines	
[] Conventional NOther Pump To CONVENTIONAL		
[] Basement [] With Plumbing [] Without Plumbing		
Water Supply: [] Well Public Water Supply Minimum Well Setback: 50 Ft.		
Septic Tank 1060 gal Pump Chamber	lood gal	
NITRIFICATION FIELD SPECIFICATIONS		
Number of fields # of lines per field Le	ength of lines 300 Ft.	
Width of ditches 3 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	/ parson until on inquestic 1 1	
Harnett County Health Department has determined that the syste the conditions of the Improvement Permit and that a valid Opera	m has been installed according to	
ignature of Authorized	2/9/06	
ignature of Authorized Agent for Harnett County	Date	