HTE# 06-5-1554712

## **IMPROVEMENT PERMIT** 23135

| construction of any building at which a septic tank system is to b permit from the Harnett County Health Department."  | e used for disposal of sewage without first obtaining a written  |
|--|--|
| Name: (owner) Fanjoy Custon Homes  | New Installation Septic Tank Repair  |
| Property Location: SR# Hwy 401  Subdivision Sheamer PFNES  Tax ID#  Number of Bedrooms Proposed: 480691  | Nitrification Line Expansion   |
| Tax ID#  | Quadrant #   |
| Number of Bedrooms Proposed: 480 400   | Lot Size: .57  |
| Basement with Plumbing:   Garage:  |  |
| Water Supply:    Well    Public    Commu   | nity   |
| Distance From Well:ft.   |  |
| Following is the minimum specifications for sewage di  | sposal system on above captioned property.   |
| Subject to final approval.   |  |
| Type of system: Conventional Other 25%   | REDUCTION SUSTE-   |
| Size of tank: Septic Tank: _/ 200 gallons Pum  | <i>,</i>   |
| Subsurface No. of exact length Drainage Field ditchesft. of each ditch   | width of depth of ft. ditches 20-7/8 in.   |
| French Drain Required:Linear feet  | D-1  |
| This permit is subject to revocation if site plans or intended use change.   | Date: 9-7-06 PERMIT EXPIRES 5 YEARS FROM ABOVE DATE  |
|  | Signed: Environmental Health Specialist  |
| Janet 15% REPUTION OF THE PRINCE OF THE PRIN | The state of the s |

26-5-15574R

## HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUTHORIZATION TO CONSTRUCT

| Authorization is hereby given to construct a wastewater system to the sp Harnett County Department of Public Health, Improvement Permit #_authorization shall be valid for a period not to exceed five (5) years from This authorization will be invalid if ownership, site plans, or intended to | . This                    |
|---|---------------------------|
| Fanjoy Custom Homes   |                           |
| 169 Françand RD Holly Spigs N.C. 7753   | 70                        |
| Property Location SR# Road N  | /<br>Name                 |
| Subdivision PENES 10 4BNN 4806PD  Subdivision Lot # Bedrooms Proposed   | Lot Size                  |
| TYPE OF SYSTEM  [ ] New Installation [ ] Repair  [ ] Septic Tank  [ ] Nitrification   |                           |
| [] Conventional [] Repair [] Septic Tank [] Nitrificati   | on Lines                  |
| [ ] Basement [ ] With Plumbing [ ] Without Plumbing   |                           |
| Water Supply: [ ] Well [ ] Public Water Supply Minimum Well Se  | tback:Ft.                 |
| Septic Tank gal Pump Chamber  | gal                       |
| NITRIFICATION FIELD SPECIFICATION   | ONS                       |
| Number of fields # of lines per field Length of lines   | nesFt.                    |
| 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 us. Harnett County Health Department has determined that the system has been the conditions of the Improvement Permit and that a valid Operations Permit.  | en installed according to |
| ignature of Authorized Agent for Harnett County   | 5-7-06<br>Date            |