

IMPROVEMENT PERMIT

03-5-5677

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 written permit from the Harnett County Health Department."

Name: (owner) Holloway Const.
Property Location: SR# 1117
New Installation
Septic Tank
Repairs
Nitrification Line

Subdivision Woodshire Lot # 20

Tax ID # \_\_\_\_\_ Quadrant # \_\_\_\_\_

Number of Bedrooms Proposed: 3 (52x56) Lot Size: .40 ac

Basement with Plumbing: [ ] Garage: [x]

Water Supply: [ ] Well [x] Public [ ] Community [ ]

Distance From Well: 50 ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: [x] Conventional [ ] Other \_\_\_\_\_

Size of tank: Septic Tank: 1000 gallons Pump Tank: \_\_\_\_\_ gallons

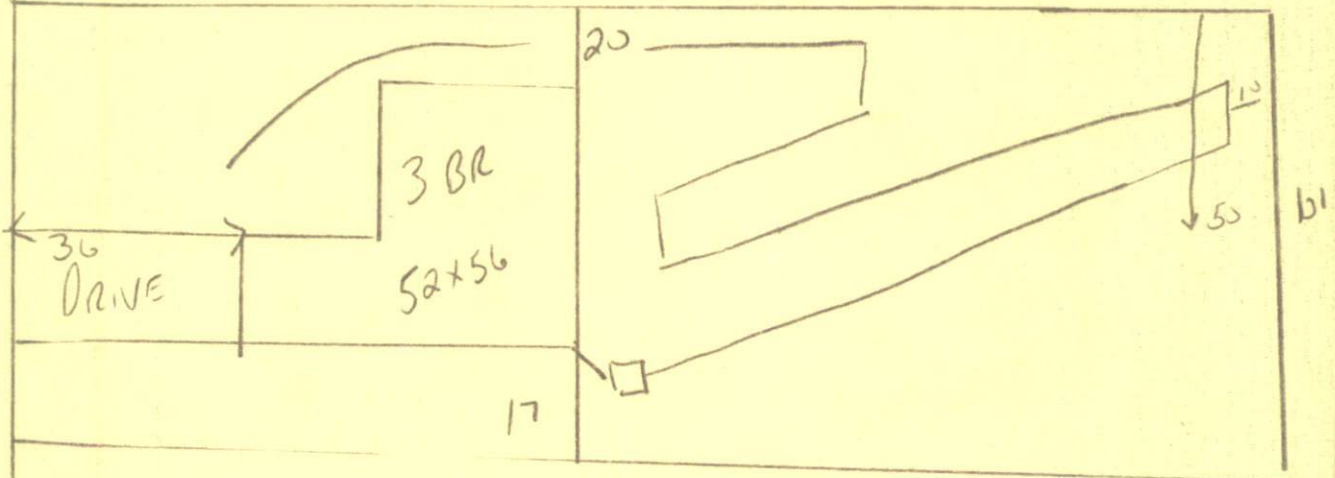
Subsurface Drainage Field No. of ditches 1 exact length of each ditch 240 ft. width of ditches 3 ft. depth of ditches 18.24 in.

French Drain Required: \_\_\_\_\_ Linear feet

Date: 10-29-02

This permit is subject to revocation if site plans or intended use change.

Signed: [Signature] Environmental Health Specialist



Please note that if plumbing is not stubbed out shallow & where shown pump will be required. MAINTAIN ALL SETBACKS DO NOT DRIVE OR PARK ON SEPTIC SYSTEM meet on site before installing

HARNETT COUNTY HEALTH DEPARTMENT  
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 190776. 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 Holloway Const. Telephone # 910-237-2802

Address \_\_\_\_\_

Property Location SR# 1117 Road Name \_\_\_\_\_

Subdivision Woodshire Lot # 20 # Bedrooms Proposed 3(52x56) Lot size 0.40 Ac

TYPE OF SYSTEM

New Installation  Repair  Septic Tank  Nitrification Lines

Conventional Other \_\_\_\_\_

Basement  With Plumbing  Without Plumbing

Water Supply:  Well  Public - Minimum Well Setback: 50 Ft.  
Septic Tank 1000 Pump Chamber \_\_\_\_\_

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 240 Ft.

Width of ditches 3 ft. Depth of ditches 18-24 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 Joe Weston Date 10-29-02