HARN COUNTY HEALTH DEPARTME HTE 04-5-8662 IM. ROVEMENT PERMIT

21084

| 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) #9H Constructor New Installation Septic Tank |
| Name: (owner) # 9 H Constructor Property Location: SR# 1117 New Installation Septic Tank Repairs Nitrification Line |
| Subdivision Woodshire Lot# |
| Tax ID #Quadrant # |
| Tax ID #Quadrant #Number of Bedrooms Proposed: 3 (54×50) Lot Size: 44Ac |
| Basement with Plumbing: Garage: |
| Water Supply: |
| |
| Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. |
| Type of system: Other |
| Size of tank: Septic Tank:gallons Pump Tank:gallons |
| |
| Subsurface No. of exact length of each ditches ft. Width of ditches ft. depth of ditches ft. depth of ditches ft. |
| French Drain Required: Linear feet |
| This permit is subject to revocation if site Plans or intended use change. Date: 02-05-04 Signed: 2-05-04 |
| This permit is subject to revocation if site Signed: |
| plans or intended use change. [72] Environmental Health Specialist |
| A |
| 20' X B |
| 1 c |
| Bur Repaired 3BR & 107' |
| on Ropaide DOR OT |
| 34 Kely 4 102, |
| BAR REPAIRS 3BR 5/X50' Ex 107' |
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| The state of the s |
| 36. |
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| y 26 |
| |
| Woodshire OR 143 |
| STUB Out Plumbing shallow At ground level or higher where |
| Shown - Maintain Alt Set BACKI - Keep SYSTEM Below Fill |
| Meet Onite |

HAI TT COUNTY HEALTH DEPA MENT AUTHORIZATION TO CONSTRUCT

| Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department. Improvement Parmit # O Specifications described |
|---|
| authorization shall be valid for a period not to a state of the first the state of |
| This authorization will be invalid if ownership, site plans, or intended use change. |
| _ HIH Canstauton |
| Name Telephone# |
| - <u></u> |
| Address |
| Property Location SR# |
| Now Road Name Subdivision Lot # # 2 (54) So HAC |
| # Bedrooms Proposed Lot Size |
| TYPE OF SYSTEM |
| New Installation [] Repair Septic Tank Nitrification Lines |
| [Conventional [] Other |
| [] Basement [] With Plumbing [] Without Plumbing |
| Water Supply: [] Well Public Water Supply Minimum Well Setback: 50 Ft. |
| Septic Tank 000 gd Pump Chamber gd |
| NITIRFICATION FIELD SPECIFICATIONS |
| |
| Length of lines WO Et |
| Width of ditches ft. Depth of ditches inches |
| French Drain: Linear feet required Depth of gravel |
| Proof Brayot |
| No wastewater protons at 111 |
| 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 R |
| the conditions of the Improvement Permit and that a valid Operations Permit has been issued. |
| - Petettons I citili has been issued. |
| 10 lest |
| Signature of Authorized Agent for Harnett County of Harnett |
| Date |