

HTE 04-5-8756

IMPROVEMENT PERMIT

20661

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# 117
New Installation
Repairs
Septic Tank
Nitrification Line

Subdivision Woodshire Lot # 11

Tax ID # Quadrant #

Number of Bedrooms Proposed: 3 (50x62) Lot Size: .54 AC

Basement with Plumbing: Garage:
Water Supply: Well 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: Conventional Other

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

Subsurface No. of exact length width of depth of
Drainage Field ditches 1 of each ditch 300 ft. ditches 3 ft. ditches 18.24 in.

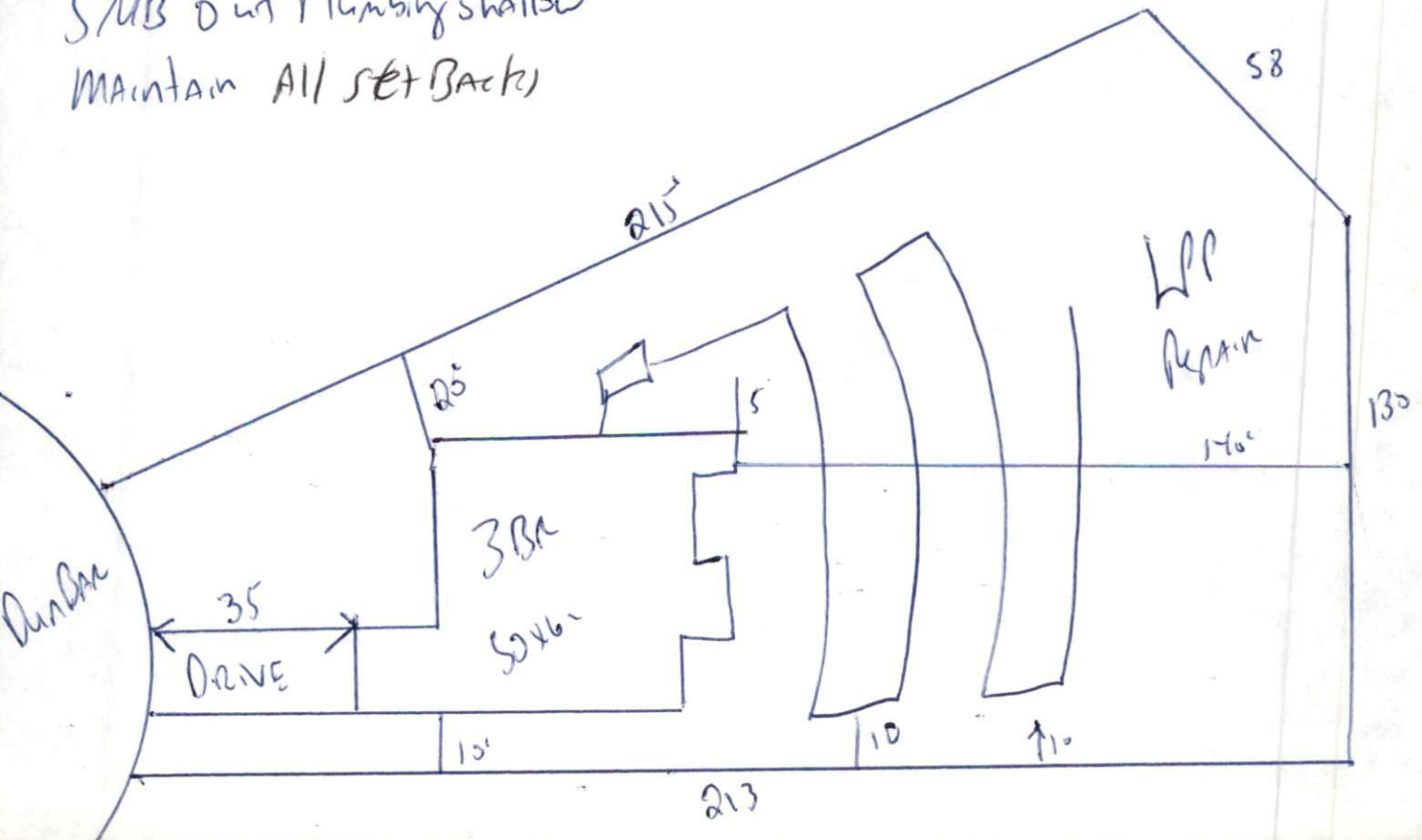
French Drain Required: Linear feet

Date: 02-25-04

Signed: Environmental Health Specialist

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

STUB out Plumbing shallow
Maintain All set Backs



HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 20661. 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 # _____

Address _____

Property Location SR# 1117 Road Name _____

Subdivision Woodhorne Lot # 11 # Bedrooms Proposed 3(50x62) Lot Size .54 ac

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: _____ Ft.
Septic Tank 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 300 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 W. Starrs Date: 02 05 04