

HTE 04-5-8762

IMPROVEMENT PERMIT

20660

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) H&H Constructors
Property Location: SR# 1117
New Installation, Septic Tank, Repairs, Nitrification Line

Subdivision Woodshire Lot # 47

Tax ID # Quadrant #

Number of Bedrooms Proposed: 3 (58x26) Lot Size: .46 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

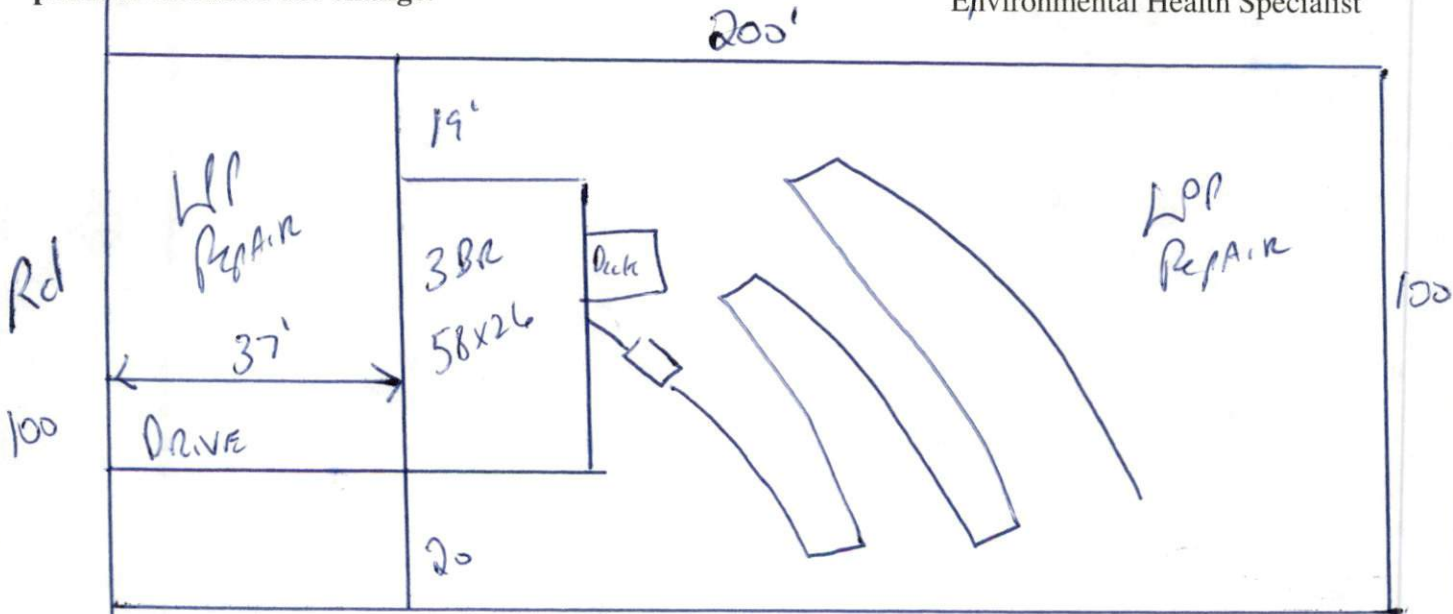
Subsurface Drainage Field: No. of ditches, exact length of each ditch, width of ditches, depth of ditches

French Drain Required: Linear feet

Date: 02-25-04

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

Signed: J. W. ... Environmental Health Specialist



STUB out Plumbing shallow - maintain all set back

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 # 20660. 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.***

H & H Construction
Name _____ Telephone # _____

Address _____

1117
Property Location SR# _____ Road Name _____

Woodhree 47 3(58x24) .46 ac
Subdivision Lot # # 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: _____ Ft.

Septic Tank 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 200 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.

Joe WARRS 02-25-04
Signature of Authorized Agent for Harnett County Date