## HTE 04-5-9098

## HARN Γ COUNTY HEALTH DEPARTMI

## **IMPROVEMENT PERMIT**

20429

| Septic Tank   Septic Tank   Septic Tank   Septic Tank   Septic Tank   Septic Tank   Subdivision   World   Septic Tank   Septic T   |
|--|
| Subdivision Wood Jh W Quadrant #  Number of Bedrooms Proposed: 3 (58 x 48) Lot Size: 46 Ac  Basement with Plumbing: Garage: Water Supply: Well Public Community Distance From Well: ft.  Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.  Type of system: Conventional Cother Work to Conventional  Size of tank: Septic Tank: Oo gallons Pump Tank: Oo gallons  Subsurface No. of exact length of each ditches of  |
| Tax ID #   |
| Tax ID #   |
| Basement with Plumbing:  Water Supply:  Well Public Community  Distance From Well:  Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.  Type of system:  Conventional Conventional Size of tank:  Septic Tank:  Se |
| Basement with Plumbing:  Water Supply:  Well Public Community  Distance From Well:  Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.  Type of system:  Conventional Conventional Size of tank:  Septic Tank:  Se |
| Distance From Well:  |
| Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.  Type of system:    Conventional   Other   Purp to Conventional     Size of tank:   Septic Tank:   Own gallons     Subsurface   No. of   exact length   of each ditches   of each |
| Type of system: Conventional Cother Purp to Conventional  Size of tank: Septic Tank |
| Subsurface No. of exact length of each ditch 200 ft. width of ditches 3 ft. depth of ditches 1 ditches 3 ft. ditches 1 ditches 1 ditches 3 ft. ditches 1 ditches 200 ft.  French Drain Required: Linear feet  Date: D4-06-04  This permit is subject to revocation if site plans or intended use change.  Signed: Environmental Health Specialist  Woodsh.ru 1931  |
| Subsurface No. of exact length of each ditch 200 ft. width of ditches 3 ft. depth of ditches 1 ditches 3 ft. ditches 1 ditches 1 ditches 3 ft. ditches 1 ditches 3 ft. ditches 1 ditches 200 ft. ditches 3 ft. ditches 1 ditches 2 ditches 3 ft. ditches 2 ditches 3 ft. ditches 3 ft. ditches 2 ditches 3 ft. ditches 3 ft. ditches 3 ft. ditches 2 ditches 3 ft. ditches 4 ditches 4 ditches 4 ditches 3 ft. ditches 4 |
| This permit is subject to revocation if site plans or intended use change.  Date: D4-06-04  Signed: French Drain Required: Date: D4-06-04  Environmental Health Specialist  Woodsh.ru 1931   |
| This permit is subject to revocation if site plans or intended use change.  Date: 19-06-04  Signed: 5 Environmental Health Specialist  Woodsh.ru 1931  |
| This permit is subject to revocation if site plans or intended use change.  Signed:  Environmental Health Specialist  22  23  284  107   |
| Environmental Health Specialist  22  23  28  28  28  28  28  28  20  20  20  20  |
| Woodshire 1931  22'  284  Was 10   |
| 22° 107  |
| 1 107 28K M1   |
| Meet Onlite- May Not Require Pump- STUB out Plumbing Shallow (At Skound Level on higher) And Pump May Not  |
| Be Needed. MAINTAIN All Set BACKS  |

## HARNETT C NTY DEPARTMENT OF PUF CHEALTH 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 # 20429. 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.  |
| CAVINCS) Land   |
| Name Telephone #  |
|   |
| Address   |
| 1117  |
| Property Location SR# Road Name   |
| Subdivision Lot # Bedrooms Proposed Lot Size  |
| Subdivision Lot # Bedrooms Proposed Lot Size  |
| TYPE OF SYSTEM  |
| New Installation [ ] Repair Septic Tank Nitrification Lines   |
| New Installation [] Repair [ Septic Tank [ Nitrification Lines [] Conventional [ Other Long to Conventional   |
| [ ] Basement [ ] With Plumbing [ ] Without Plumbing   |
| Water Supply: [ ] Well [Public Water Supply Minimum Well Setback:Ft.  |
| Septic Tank gal Pump Chamber gal gal  |
| NITRIFICATION FIELD SPECIFICATIONS  |
| Number of fields # of lines per field Length of lines Ft.   |
| Width of ditches $\underline{\underline{}}$ ft. Depth of ditches $\underline{\underline{}}$ inches  |
| French Drain: Linear feet required Depth of gravel  |
| Depth of graver   |
|   |
| 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.  |
| () () ARC   |
| Signature of Authorized Agent for Harnett County  Date  |
| Date  |