HTE# 03-50005212RR

IMPROVEMENT PERMIT 23041

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) Glin Watson Choo Choo Choo Septic Tank Repair Deroperty Location: SR# NC24 Home)

New Installation Septic Tank Repair Deroperty Location: SR# NC24 Home)

Nitrification Line Expansion Deroperty Lot # G-C Tax ID# Quadrant # Number of Bedrooms Proposed: 3(28x (4) 762 gg Lot Size: ,72AC Basement with Plumbing: Garage: 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: Other Wy L Conventional Size of tank: Septic Tank: Oo gallons Pump Tank: Oo gallons Subsurface No. of exact length width of depth of Drainage Field ditches ft. of each ditch ft. of each ditch ft. ditches ft. ditches ft. ditches French Drain Required: Linear feet Date: 07-22-06 This permit is subject to revocation if site PERMIT EXPIRES 5 YEARS FROM ABOVE DATE plans or intended use change. Meet Onsite Before Zostally Signed:

Environmental Health Specialist Mantain AllsetDarks 12

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ATTHORIZATION TO CONTRUCT

Harnett County Department of Public Health, Improvement Permit #
Name Choo Choo Hope)
Name
Telephone #
Address
Near
Property Location SR# Road Name
Heritage Village (2-6 3/2)
Subdivision Lot# #Bedrooms Proposed Lots
TYPE OF SYSTEM
New Installation [] Paris
New Installation [] Repair Septic Tank Nitrification Lines
[] Conventional Cother Two To
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well Public Water Supply Minimum Well Setback: 50 Ft.
Septic Tank gal Pump Chamber gal gal
NITRIFICATION FIELD SPECIFICATIONS
STATIONS (
Number of fields # of lines per field Length of lines Pt
Width of ditches ft. Depth of ditches inches Ft.
French Drain: Linear feet required Depth of gravel
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.
potations i elimit has been issued.
On West RS
Signature of Authorized Agent for Harnett County

Date