

HARNETT COUNTY HEALTH DEPARTMENT

HTE# 06-500-15556

IMPROVEMENT PERMIT

23194

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) MARIA Byron New Installation [X] Septic Tank [X] Repair []

Property Location: SR# 1106 Nitrification Line [X] Expansion []

Subdivision White Water Est. Lot # 2

Tax ID# _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (28x80) 760 sq ft Lot Size: 5.05 ac

Basement with Plumbing: [] Garage: [X]

Water Supply: [] Well [X] 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: [X] Conventional [] Other _____

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

Subsurface Drainage Field No. of ditches 1 exact length of each ditch 200 width of ditches 3 depth of ditches 18-24 in.

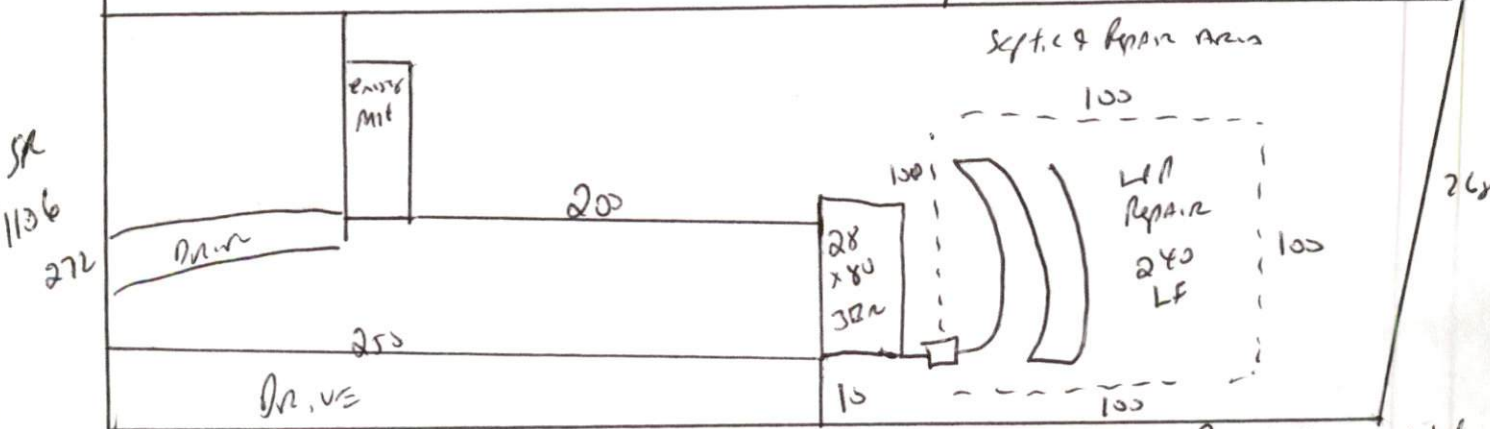
French Drain Required: _____ Linear feet

Date: 08-17-06

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

PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

Signed: [Signature] 927 Environmental Health Specialist



Meet onsite for Final Layout
MAINTAIN ALL SETBACKS
STUB OUT Plumbing shallow at ground level or higher

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 # 23194. 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.***

MARIA Byron
Name _____ Telephone # _____

1106
Address _____

1106 _____
Property Location SR# _____ Road Name _____

Wh.k Water Est. 2 3(28x80) 360 gpcd 5.05 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: 50 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 1/4 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.

Jon Waters
Signature of Authorized Agent for Harnett County

08-17-06
Date