

HARNETT COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT

22091

HTE05-5002650

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) JENNIFER & FILOENCIO HERNANDEZ
Property Location: SR# 1418 RIVER RD
New Installation, Septic Tank, Repairs, Nitrification Line

Subdivision \_\_\_\_\_ Lot # 3

Tax ID # \_\_\_\_\_ Quadrant # \_\_\_\_\_

Number of Bedrooms Proposed: 3 (360 gpd) Lot Size: 7.507 ac

Basement with Plumbing: [ ] Garage: [ ]

Water Supply: [ ] Well [X] Public [ ] Community

Distance From Well: 100 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

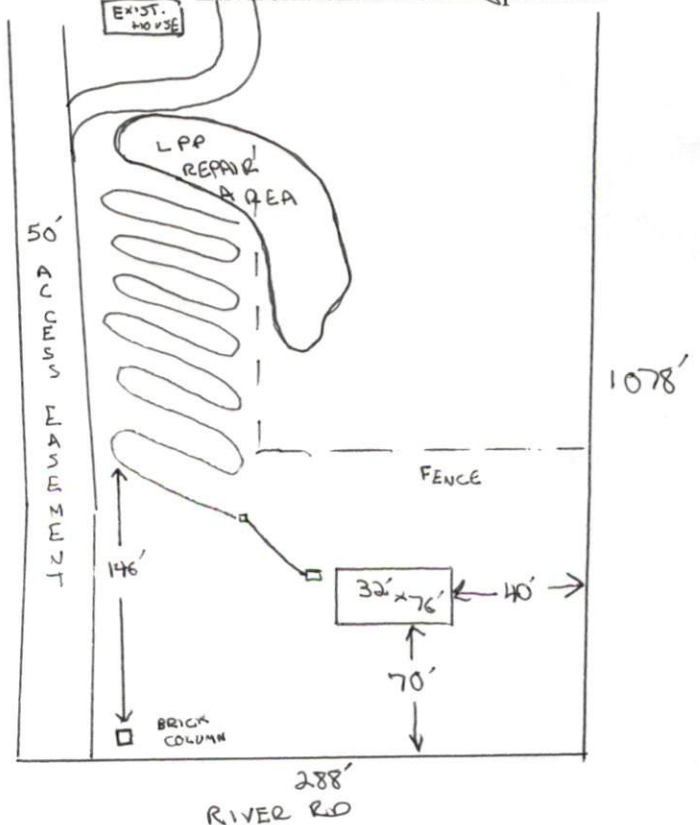
Subsurface Drainage Field: No. of ditches 1, exact length of each ditch 600 ft., width of ditches 3 ft., depth of ditches 18 in.

French Drain Required: \_\_\_\_\_ Linear feet

Date: 8/17/05
Signed: [Signature] ES (OLIVER FOLKSPORF)
Environmental Health Specialist

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

\* MAINTAIN ALL SETBACKS
\* CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION



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 # 22091. 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 JENNIFER & FIDENCIO HERNANDEZ Telephone # 919-557-8156

Address PO Box 1673 Fuquay NC 27526

Property Location SR# 1478 Road Name RIVER RO.

Subdivision - Lot # 3 # Bedrooms Proposed 3 (360 sq ft) Lot Size 7.507 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: 100 Ft.

Septic Tank 1000 gal Pump Chamber \_\_\_\_\_ gal

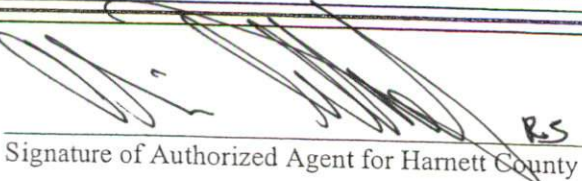
**NITRIFICATION FIELD SPECIFICATIONS**

Number of fields 1 # of lines per field 1 Length of lines 600 Ft.

Width of ditches 3 ft. Depth of ditches 18 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

8/17/05 Date