Red Oak Drive

## **IMPROVEMENT PERMIT**

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) Shaw Const.  Property Location: SR# 1/70	
Subdivision Rembling Wood	Lot # <u>54</u>
Tax ID#	Quadrant #
Number of Bedrooms Proposed: 3 Lot S	ize:
Basement with Plumbing:   Garage:	
Water Supply: Well Public Communit	У
Distance From Well: ft.	
Following is the minimum specifications for sewage of property. Subject to final approval.	
Type of system: Conventional Other Miltralo	14125-93-2-R1
Size of tank: Septic Tank: gallons Pump	Tank: gallons
Subsurface No. of exact length of each ditch 215	width of depth of ft. ditches ft. ditches ft. ditches ft.
French Drain required: Linear feet	
This permit is subject to revocation if site plans or intended use change.	gned:
CONTRACTOR DE LA CONTRA	Environmental Health Specialist
	- Meintain Set backs
00	- House to be built over hole
repair	- If there is a garage it must be built on the right side - Lot is old enough to come within
Quell House	- Lot is old enough to come within 5' of property lines + needs no repair area but area is found
Dist.	

## H VETT COUNTY HEALTH DEPA MENT AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # \_\_\_\_\_\_\_\_, 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. Owner or Authorized Agent Shaw Const. Name: Show Const. Telephone # 393-4322 Address: At. 1 Box 529 Spring lake NC 29390 Property Location: SR# 1120 Road Name Ourhills Rd New Installation \_\_\_\_\_\_ Kepair \_\_\_\_\_ Septic Tank \_\_\_\_ Nitrification Lines \_\_\_\_\_ X\_\_\_\_ Subdivision Rambling Woods Lot # 54 Number of Bedrooms Proposed: \_\_\_\_3 Lot size: \_\_\_\_\_\_\_\_\_\_ Basement \_\_\_\_\_ With Plumbing \_\_\_\_\_ Without Plumbing \_\_\_\_\_ Water Supply: Well \_\_\_\_\_ Public \_\_\_\_ Minimum Well Setback: \_\_\_\_ ft. Type of System: Conventional \_\_\_\_\_ Other X /ofiltrator /wws-93 -2-R1 Tank Volume: Septic Tank 1000 gallons Pump Chamber \_\_\_\_\_ gallons **Nitrification Field Specifications** Number of fields \_\_\_/ Number of Lines per Field \_/ Length of lines 275 Width of ditches \_\_\_\_\_\_ ft. Depth of ditches \_\_\_\_\_\_ 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. Authorized Agent for Harnett County Health Department

Name: Jones J. Biga R.S. Date: 5-20-96

(Revised 2/96) CNSTRCT.WPD