HARNETT COUNTY HEALTH DEPARTM

IM. ROVEMENT PERMI 0357200

tion of any building at which a septic tank system is to be used for dispo from the Harnett County Health Department."	sal of sewage without first obtaining a written permit
Name: (owner) Ten Circi	New Installation Septic Tank
Property Location: SR# Near 2	
Subdivision The Highland, Q Showsol Found	Lot #_ 40
Tax ID #	Quadrant #
Number of Bedrooms Proposed: 3 (72 x 42) Lo	ot Size: S/AC
Basement with Plumbing: Garage: 🔽	
Water Supply: Well Public Community	
Distance From Well:ft.	
Size of tank: Septic Tank: Do gallons Pu Subsurface No. of exact length of each ditch and ft. French Drain Required: 350 Apr Linear feet French Drain Required: 350 Apr Linear feet	mp Tank: gallons width of 3 depth of 18 MAX ditches ft. ditches in. 8 RANG 6 4-33 Environmental Health Specialist To France A a front corner a Poor A cor
Do not Drive on park ansytic	sytm

HARNELL' COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONSTRUCT

	Authorization is hereby given to construct a wastewater system to the specifications described
	by Harnett County Health Department, Improvement Permit # () \(\frac{1}{2} \). 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.
	Turi Circi 455-2421
	Name Telephone#
	Address
	N(24/27
	Property Location SR# Road Name
The	HILIMAN Chicago font you 3/72442 .SIM
11~	Hyphrob Cherwood fant 40 3172x42 S/m 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: 55 Ft.
	Septic Tank / DD gd Pump Chamber gd
	NITIRFICATION FIELD SPECIFICATIONS
	Number of fields # of lines per field Length of lines 40 Ft.
	Width of ditches 8 inches
	Width of ditches ft. Depth of ditches inches
	French Drain: Linear feet required Depth of gravel
	Depth of graver
-	
NAME OF TAXABLE PARTY.	No wastewater system shall be covered or placed into use by any person until an inspection by the
NAME OF TAXABLE PARTY.	Harnett County Health Department has determined that the system has been installed according to
SHALLING	the conditions of the Improvement Permit and that a valid Operations Permit has been issued.
	(b. W. AD)
	Signature of Authorized Agent for Harnett County of Harnett Date