#### T COUNTY HEALTH DEPARTM

20856

## HTE 0-4-5-9829

### **IMPROVEMENT PERMIT**

tion of any building at which a septic tank system is to be used for from the Harnett County Health Department."	
Name: (owner) Tent Preace	New Installation 🔯 Septic Tank
Property Location: SR#	Repairs Nitrification Line
Subdivision High Land Forcet	Lot# 2×
Tax ID #	Ouadrant #
Tax ID #	Lot Size: 35 Ac
Basement with Plumbing:   Garage	
Water Supply: ☐ Well ☐ Public ☐ Communi	
Distance From Well: 55 ft.	
Following is the minimum specifications for sewage dis	posal system on above captioned property. Subject
to final approval.	
Type of system:	25% Reduction SYSTEM
Size of tank: Septic Tank: gallons	Pump Tank:gallons
Subsurface No. of exact length	width of depth of ditches 1824 in.
Drainage Field ditches of each ditch 133	_ft. ditches5_ft. ditches1824_in.
French Drain Required: Linear feet 125	The Reduction System
	Date: 07-06-04
This permit is subject to revocation if site	Signed: Or WARI
plans or intended use change.	Environmental Health Specialist
170	
110	
18 2	7.15
Oling	From 7-p 10
LIP Repaire 3BR	of Dtil E
33+54	. 4
Pry 2242, E	22. 18 93
90 / 41	151 218
F 0	Form 60 2
Dene	1 of Ditic 1
18.	15 for Top of
	Ditch 1
10' EAseme	nt
175	
Keep drain Like 15 from Top of	Oitch Maintain All Set BACK,
There chamber also can't	al- al- a Park
	Along sides to Prevent clossing
Mut onste	
1.100/	

# HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUI ORIZATION TO CONST CT

Authorization is hereby given to construct a waster Harnett County Department of Public Health, Impauthorization shall be valid for a period not to exceed the successful of t	orovement Permit # 3856 . This reed five (5) years from the distriction of the districtio	
Kent Prence	respectively of intention use change.	
Name	Telephone #	
Address		
11-61	×	
Property Location SR#	Road Name	
Highland forest 38 3/3	2754)	
Subdivision Lot # #Bedre	ooms Proposed Lot Size	
	SYSTEM	
New Installation [ ] Repair [ Septic Ta	nk [() Nitrification Lines	
[ ] New Installation [ ] Repair [ Septic Ta	duction System	
[] Basement [] With Plumbing [] Without F		
Water Supply: [ ] Well [ ] Public Water Sup	oply Minimum Well Setback: 50 Ft.	
Septic Tank gal Pump	Chambergal	
<b>NITRIFICATION FIEL</b>	LD SPECIFICATIONS	
Number of fields# of lines per field _		
Width of ditches 3 ft. Depth of ditches 1824 inches		
French Drain: Linear feet required Dep	oth of gravel	
No wastewater system shall be covered or placed in Harnett County Health Department has determined	nto use by ony normal and in the state of th	
the conditions of the Improvement Permit and that	a valid Operations Permit has been issued.	
1 1 2 A D C		
Signature of Authorized Agent for Harnett County	07-06-04	
A rathorized Agent for Harnett County	Date	