## HTE 04-59843

## HARI T COUNTY HEALTH DEPARTM

## **IMPROVEMENT PERMIT**

20865

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 Hornett County Health Depositment."

from the Harnett County, Health Department."	
	New Installation X Septic Tank
Property Location: SR#_[\Y\	Repairs Nitrification Line
Subdivision Highland Forest	Lot # _ [ ] \
Tax ID #	Quadrant #
Number of Bedrooms Proposed: 3(48x36) Lo	ot Size: 35 A C
Basement with Plumbing: Garage: 💆	NOTE - STUB Out Plumbing
Water Supply:  Well Public  Community {	Ewhere Shown 95 hallow - At grown
	vel or high 9 Rayp may not be weeded
Following is the minimum specifications for sewage disposal	d system on above captioned property. Subject
to final approval.	
Type of system:	to Conventional
Size of tank: Septic Tank: 1000 gallons Pu	ımp Tank: 1000 gallons
Subsurface No. of exact length	width of depth of
Drainage Field ditches of each ditch 200 ft.	ditches 3 ft. ditches 624 in.
French Drain Required:Linear feet	
Da	gned:
This permit is subject to revocation if site Sig	gned: Only
plansfor intended use change.	Environmental Health Specialist
600	
	10
2	EA
100	83' / mc
21 Him 30k	
ca (upar	
36	l eas
40	
95 DONE	1 2 1
	4
1,23	1
V	
160	
57,0010111111111111111111111111111111111	
STUB Out Plumbing shallow who	in Shown I lump may not
Be Needed Maintain All Set BAck	4)

## HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUTTORIZATION TO CONS' JCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 2086 . 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  Name  Name	
Telephone #	
Address	
Property Location SR#	
Hyphand Forest /// 3(48)36) Road Name Supply Vision 35 M	
Lot # Bedrooms Proposed Lot Size	
TYPE OF SYSTEM	
New Installation [ ] Repair   Septic Tank   Nitrification Lines	
[ ] New Installation [ ] Repair   Septic Tank   Nitrification Lines [ ] Conventional [ Other Ly to Conventional   Other Ly to Con	
[ ] Basement [ ] With Plumbing [ ] Without Plumbing	
Water Supply: [ ] Well Public Water Supply Minimum Well Setback: 510 Ft	
Septic Tank gal Pump Chamber gal gal	
NITRIFICATION FIELD SPECIFICATIONS	
Number of fields # of lines per field   Length of lines	
Width of ditches ft. Depth of ditches inches Ft.	
French Drain: Linear feet required Depth of gravel	
No wastewater system shall be covered or placed in	
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  On 19-34	