## HTE 04-5-9856

## HARNET'

DUNTY HEALTH DEPARTMENT

## IMPROVEMENT PERMIT

20868

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) Kent New Installation Septic Tank Property Location: SR# // \ Repairs Nitrification Line Subdivision\_HighLand Forest \_\_\_ Lot # 129 Ouadrant # Tax ID# Number of Bedrooms Proposed: 3(33x54) Lot Size: ,36M Basement with Plumbing: Garage: 📈 ☐ Well ON Public Community Water Supply: Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Dother 25% Reduction SYSTEM Type of system: Conventional Septic Tank: Doo gallons Pump Tank: gallons Size of tank: Subsurface No. of exact length width of ditches 3 ft. depth of ditches 18 24 in. exact length Drainage Field ditches French Drain Required: Linear feet of 25% Reduction system Date: 07-12-04 This permit is subject to revocation if site Signed: \_\_\_\_ plans or intended use change. Environmental Health Specialist 20 3BR DRIVE 11 32" 5/4B O-t Plunbing shallow Maintain All set Backs If using Chamber Place gravel plong side To Prevent elogging Keep depin Line 15 from Top of Oitch

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

Harnett County Department of Public Health, Improvement Permit # 20868. 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.
Ment Pience
Name Telephone #
relephone #
Address
INI
Property Location SR#  Road Name
Road Name  High Land Forest 129 3 (33×511)  Subdivision  Lot # Bedrooms Proposed  Lot Size
Subdivision Lot # # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
[ New Installation [ ] Repair [ Septic Tank [ ] Nitrification Lines
[] Conventional [JOther 25% Reduction 53
[ ] Basement [ ] With Plumbing [ ] Without Plumbing
Water Supply: [] Well Public Water Supply Minimum Well Setback: 50 Ft.
Septic Tank gal Pump Chamber gal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field Length of lines
Number of fields # of lines per field Length of lines Ft.  Width of ditches ft. Depth of ditches inches inches Ft.
French Drain: Linear feet requiredDepth 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 great placed in the system is a specific part of the system.
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.
A valid Operations Permit has been issued.
Con West RS
Signature of Authorized Agent for Harnett County  Date
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