HTE 04-5-992

T COUNTY HEALTH DEPARTM HAR

20872

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." New Installation Septic Tank Name: (owner) Property Location: SR# Nitrification Line Repairs Subdivision Highland ____ Lot # _78 Quadrant # Tax ID # Number of Bedrooms Proposed: 3 (50 x 34) Lot Size: 235 A C Basement with Plumbing: Garage: 📈 Public Water Supply: ☐ Well ☐ Community Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional Other ____ Type of system: Septic Tank: Septic Tank: gallons Pump Tank: gallons Size of tank: Subsurface No. of exact length width of ditches_3 of each ditch 200 ft. Drainage Field ditches French Drain Required: Linear feet This permit is subject to revocation if site Signed: _ plans or intended use change. Environmental Health Specialist 25 GArage STUB Out Plumbing SHAllow MAINTAIN All Set BACKS Keep dearn Line, 25 from Pear Property Line

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUTTORIZATION TO CONST CT

Harnett County Department of Public Health, Improvement Permit # 272 . 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 (V)(()
Telephone #
Address
Property Location SR#
Road Name
High Land Forest 78 3(Sox34) Subdivision Lot # # Bedrooms Process 13542
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: 50 Ft.
Septic Tank gal Pump Chamber gal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field Length of lines
Width of ditches ft. Depth of ditches Pa (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.
A state of entire has been issued.
Signature of Authorized Agent for Harnett County
Date Date