## нте 04-5-9969

## HARNI COUNTY HEALTH DEPARTME

ADDOVEMENT DEDMI

20876

## **IMPROVEMENT PERMIT**

tion of any building at which a septic tank system is to be used for		0
from the Harnett County Health Department."	N. T. H.	× 0
Name: (owner) DAMY Nortis Property Location: SR# 1141	New Installation	Septic Tank
Property Location: SR#	L Repairs	Nitrification Line
Subdivision HighLand Forest	Lot	# 69
Tax ID #	Quadrant #	
Tax ID #	Lot Size: SSA	
Basement with Plumbing: Garage		
Water Supply:	ity	
Distance From Well:ft.		
Following is the minimum specifications for sewage disto final approval.		
Type of system:	25% Reduction	STOTER
Size of tank: Septic Tank: gallons	Pump Tank:gallons	
Subsurface No. of exact length	width of	depth of 12 2
Subsurface No. of exact length of each ditch.  French Drain Required:Linear feet	_ft. ditchesft.	ditches 10 to 1 in.
French Drain Required:Linear feet	01/2 red cettor 37:10.	(
	Date: 07-23-0	401
This permit is subject to revocation if site plans or intended use change.	Signed: On W	(and the Commission
	Environmental H	learn Specialist
Drive Shar Sur Adays		130 Hg
		(25 0 0
Keep drain Lines	LOPO \	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
25' from REAR property Line 10:	14m.n	138
DR 15' from Top of DRAIN Ditch	in	
25' from Rear property Line Ditch Edic DR 15' from Top of Orand Ditch Edic Which ever is Speatest	125.	
20 Hom side Line W-TI	h	
a last tide of the town	1 Dilen	
which ever is greatest. MAINTAIN A	11 G+BAcks	
Which eva is o	11 00,00	1
Place GRAVEL OF PAPER Along side if a	MINY (Nambers	

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

Harnett County Department of Public Health, Improvement Permit # 20876  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 Num.)		
Telephone #		
Address		
Property Location SR#  Road Name  A Subdivision  Road Name  To Az  Subdivision  Lot # # Bedrooms Proposed  Lot Size		
TYPE OF SYSTEM		
New Installation [] Repair [ Septic Tank [ Nitrification Lines [] Conventional [ Other 25] Septic Tank [ Nitrification Lines		
[ ] Basement [ ] With Plumbing [ ] Without Plumbing		
Water Supply: [] Well [Public Water Supply Minimum Well Setback: 50 Ft.  Septic Tank   Pump Chamber		
gal		
NITRIFICATION FIELD SPECIFICATIONS		
Number of fields # of lines per field Length of lines Ft.		
Width of ditches 3 ft. Depth of ditches 152 inches  French Drain: Linear feet required Depth of gravel		
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.		
Signature of Authorized Agent for Harnett County		
Date		