## HTE DY-5-10135

## HAR! T COUNTY HEALTH DEPARTM

20899

## **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." Name: (owner) DAM \_\_\_\_\_New Installation 2 Septic Tank Property Location: SR# Nitrification Line ☐ Repairs Subdivision Highland \_\_\_\_ Lot # 57 Tax ID # Ouadrant # Number of Bedrooms Proposed: 3(54x 40) Lot Size: 035Ac Basement with Plumbing: Garage: X ☐ Community Water Supply: ☐ Well ➤ Public Distance From Well: 50 Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. \* Other 25% Reduction system Conventional Type of system: Septic Tank: gallons Pump Tank: gallons Size of tank: Subsurface No. of exact length width of depth of Drainage Field ditches of each ditch 150 ft. ditches 18-24n.

French Drain Required:

Linear feet 125% (Reduction System) Date: 8-24-04 Signed: Or Land

Environmental Health Specialist This permit is subject to revocation if site plans or intended use change. PATio 15 10 FAX ment Heep drainlines 25' from Rear Line Property Line or 15' from
Top of Ditch - Whichever is Fartherst

## AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 2089 . 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.
Dans Non
Telephone #
Address
114
Property Location SR#  Road Name
Highland Forest 51 3(54x45) 35M Subdivision Lot# #Bedrooms Proposed Lot Size
TYPE OF SYSTEM
[ New Installation [ ] Repair [ Septic Tank [ Nitrification Lines
[] Conventional [9 Other 25% Reduction 13 12
[ ] 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
NI
Width of ditches
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 is a significant of the state 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.
Clor West RS Oxided.
Signature of Authorized Agent for Harnett County  Date