HTE 04-5-10277

HARNTOT COUNTY HEALTH DEPARTME

IM. ROVEMENT PERMIT

21310

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) Kerneth Jordan (Sth Homes) New Installation & Septic Tank Nitrification Line Repairs ____ Lot # _ 90 Subdivision Highland Fozest Ouadrant # Tax ID # Number of Bedrooms Proposed: 3(50x39) Lot Size: 38AC Garage: Basement with Plumbing: Rublic Community Water Supply: ☐ Well Distance From Well: ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Other 259- Reduction STITE Conventional Type of system: Septic Tank: \\SS gallons Pump Tank: ____gallons Size of tank: exact length of each ditch 15 ft. width of ditches 3 ft. depth of ditches 1824 in. Subsurface No. of Drainage Field ditches French Drain Required: Linear feet 25% led ction Soit Date: 09-03-04 Signed: This permit is subject to revocation if site TIWSEN M 52137 Environmental Health Specialist plans or intended use change. 410 26 101 From TOP De VE 85 26 Keep dean Lines 15 From Top of Ditch STUD out Blumbing shallow MAINTAIN All SET BARK)

AUTHORIZATION TO CONSTRUCT

Harnett County Department of Public Health, Improvement Permit # 2\3\3\3\3\3\3\3\3\3\3\3\3\3\3\3\3\3\3\3
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.
Menneth Sordan
Name Telephone #
releptione #
Address
1141
Property Location SR# Road Name
Highland Forest 70 3 (50×39) Subdivision Lot # # Bedrooms Proposed Lot Size
Lot # # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
New Installation [] Repair Sentic Tank Charles of the senting Tank
[] Conventional [6] Other 250 Reduction System
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well Public Water Supply Minimum Well Setback: 50 Ft. Septic Tank Quantum Pump Chamber
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 inches Ft. French Drain: Linear feet required Ft.
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 a supported 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 second resident.
Clor West RS
Signature of Authorized Agent for Harnett County Date