HARNTON COUNTY HEALTH DEPARTMIT

HTE 04-5-10360 IM. ROVEMENT PERMIT 21322

Be it ordained by the Harnett County Board of Health as follows: Settion of any building at which a septic tank system is to be used for disposal of		
Name: (owner)	Many Installation	The Cantin Touls
Name: (owner)	10 <u>-1</u> -1-10 10 10 10 10 10 10 10 10 10 10 10 10 1	
Floperty Location. SR#	Li Repairs (Nitrification Line
Subdivision Highland Forest	Lot #	71
Tax ID #	Quadrant #	
Tax ID #	e: .39AZ	
Water Supply:		
Distance From Well:ft.		
Following is the minimum specifications for sewage disposal syst		ed property. Subject
to final approval.	73	-
Type of system:	Kedution STITE	
Size of tank: Septic Tank: gallons Pump T	Tank: 1300 gallons	
Subsurface No. of exact length of each ditch for ea	width of	depth of
Drainage Field ditches of each ditch ft.	ditchesft.	ditches 18-24 in.
French Drain Required:Linear feet # 25% (4)	duction system	
Date:	7-17-04	
This permit is subject to revocation if site Signed:	gr LM	1
plans or intended use change.	Environmental He	ealth Specialist
Meet Onlife Befor Installing		- 24
Maintain All Set Backs	, 4	1 Will
MAINTAIN All Set SACK)	92	10/00 12
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25 Buffer		
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AUTHORIZATION TO CONSTRUCT

Authorization is hereby give construct a wastewater system to me specifications described by authorization shall be valid for a period not to exceed for (5).		
authorization shall be valid for a period not to		
This authorization will be invalid if ownership, site plans, or intended use change.		
Name O		
Telephone #		
Address		
Property Location SR# Road Name		
Highland Forest 71 3(48,30 Road Name Subdivision Lot# # Robber D. 35 M.		
Subdivision Lot # # Bedrooms Proposed Lot Size		
TYPE OF SYSTEM		
New Installation [] Repair [] Septic Tank [] Mitrification Lines		
New Installation [] Repair [] Septic Tank [] Nitrification Lines [] Conventional Tother [] Other [] Note of the State of t		
[] 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 Ft.		
French Drain: Linear feet required Depth of gravel STITES		
Sopul of graver		
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.		
Mor West RS		
Signature of Authorized Agent for Harnett County		
Date		