HTE 04-5-10473

HARNE COUNTY HEALTH DEPARTME

IMPROVEMENT PERMIT

21338

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) Kent Prence New Installation Septic Tank Repairs Nitrification Line ___ Lot # __/ (High Land Subdivision Quadrant # __ Tax ID # Number of Bedrooms Proposed: 3(40 x50) Lot Size: • 36 A c Garage: 💆 Basement with Plumbing: > Public ☐ Well Community Water Supply: 50 Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Dother 25% Reduction SYSTEM Conventional Type of system: Septic Tank: (2) gallons Pump Tank: _____ gallons Size of tank: width of depth of ditches 1824 in. Subsurface No. of exact length ditches \leq ft. of each ditch (50 ft. Drainage Field ditches French Drain Required: Linear feet 25% reduction STITE This permit is subject to revocation if site N_0 0.17 1.00 Signed: _____ plans or intended use change. 1 13-51-34 173 Environmental Health Specialist FAJEMENT WA fiv 18.

AUTHORIZATION TO CONSTRUCT

Harnett County Department of Public Health, Improvement Permit # 2\33\\ authorization shall be valid for a period not to exceed 5.
This authorization will be invalid if ownership, site plans, or intended use change. λ
Name Name
Telephone #
Address
Property Location SR#
Road Name
High Land Forest
Lot # #Bedrooms Proposed Lot Size
TYPE OF SYSTEM
New Installation Repair [Septic Tank
New Installation Repair [] Septic Tank Nitrification Lines [] Conventional Other 25% Reduction SYSTEM
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well Public Water Supply Minimum Well Setback: 50 Ft.
Septic Tank gal Pump Chamber
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field Length of lines Ft
Width of ditches
French Drain: Linear feet required Depth of gravel Depth of gravel Sys Tem
No west-
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 10-04-04
Date