HARNI COUNTY HEALTH DEPARTME

HTE 04-5-10567 R

IM. ROVEMENT PERMIT

21346

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) HWTAA	CONIT.			New Insta	allation	Septic Tank
Proper	ty Location: SR#	141			☐ Repairs		Nitrification Line
Subdiv	ision HighLand	Forest				Lot #	108
Tax ID	#				Quadrant #		
Numbe	#er of Bedrooms Propose	ed: 3 (58 x	רג)	Lot Siz	ze: 4 40		
Basem	ent with Plumbing:		Garage	: 1 M	leet muite	Before	Initally - STUB
Water	Supply:	Public [Commun	ity of	Plumbing sha	المد د	here shows broad
Distance	ce From Well:	ft.	To 25% No	sher Ph	d hop may	not be	Needed- May change
to fina	l approval.			0			Needed- May change guine must ed property. Subject
Type o	f system: \square Con	ventional Y	Other	Puno to	Convention	nal	
Size of	tank: Sept	ic Tank: 1007	_gallons	Pump	Tank: /ンコン g	gallons	
Subsurface No. of exact length of each ditch 255 ft.					width of ditches3	_ft.	depth of ditches 18-24 in.
French	Drain Required:	Lin	ear feet	Date:_	10.20-0	4	
					1: Jo W	NA	ealth Specialist
white Opins			15	8.			110 410
		15		121			60
	Drive			Repair			
	X 45	302					40
	LII	58×27	t.0	1.26			113
	Phor		23	No 0.	1 As of 10	1/1/2	15. from from
	105	Assement LOR	Mest	onsite.	with Exitate	& Along	15 from from 15 or 15 from 10 suntend.
			beday	D Top	of Orter or		

AUTHORIZATION TO CONSTRUCT

Authorization is hereby give construct a wastewater system to use specifications described by authorization shall be valid for a period not to average (7).
authorization shall be valid for a posied and
This authorization will be invalid if ownership, site plans, or intended use change.
MUTAH Const
Name Telephone #
Address
Property Location SR#
Hylland Forest 108 3(58x27) Subdivision Lot # # Bedrooms Proposed Lot Size
Lot # # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
New Installation [] Repair Septic Tank
New Installation [] Repair Septic Tank Whitrification Lines [] Conventional Other My to Conventional
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well VI Public Water Supply: []
gal Pump Chamber gal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field / I spoth sty
width of ditches ft. Depth of ditches inches
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.
A resided.
Clor West RS
Signature of Authorized Agent for Harnett County
Date