## HTE 04 5001 0897

## HARI T COUNTY HEALTH DEPARTM

## IMPROVEMENT PERMII

21489

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) Kegency Home) Od-New Installation (A Septic Tank Property Location: SR# \_\_\_\_\_ Repairs Nitrification Line Subdivision High Land Forest Lot # 20 Quadrant # Tax ID # Number of Bedrooms Proposed: 3 (41x44) Lot Size: , 40 At Basement with Plumbing: Garage: Water Supply: ☐ Well N Public ☐ Community Distance From Well: 50 Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional Dother 25% Reduction STITEM Type of system: Septic Tank: ODO gallons Pump Tank: gallons Size of tank: exact length width of ditches 3 ft. Subsurface No. of ditches 1824 in. Drainage Field ditches French Drain Required: Linear feet of 25% Reduction System Date: 12.20-04 Signed: 9 to ACJ
Environmental Health Specialist This permit is subject to revocation if site plans or intended use change. 20' EAsement No Ditch As of 12-17.04 Pump may be required (Grandlevel o- higher) 3BR 41x44 Keep Orpin Lines 25 from Repr Proporty Line or 15 Top of Ditch (No Ditch as of 12-17-04) which Mut on site. MACON

## HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUI ORIZATION TO CONSTI

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 21487. This	
authorization shall be valid for a period i	not to exceed five (5) years from the date of issuance
This authorization will be invalid if own	nership, site plans, or intended use change.
Regency Home)	
Name	Telephone #
Address	
141	
Property Location SR#	Road Name
Highland Forest 20	3 (41x44) . 40 gr. # Bedrooms Proposed Lot Size
Subdivision Lot #	# Bedrooms Proposed Lot Size
TYPE OF SYSTEM	
New Installation [ ] Repair	Septic Tank Nitrification Lines
New Installation [] Repair Septic Tank Nitrification Lines  [] Conventional Other 25% Repair Sylve	
[ ] 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.
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 has been installed according to the conditions of the Improvement Permit and that a valid Operations Permit has been issued.	
() of 1) of Q	70.06.6
Signature of Authorized Agent for Harnett Cou	
	Date