HARNETT COUNTY HEALTH DEPARTMENT

HTE 045-0010900R

IM. ROVEMENT PERMIT

21512

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) Regency I tome In Septic Tank Nitrification Line Subdivision HighLand Forest Lot # 23 Quadrant # _____ Tax ID # Number of Bedrooms Proposed: 3(36x46) Lot Size: 40 Ac Basement with Plumbing: Garage: 🔀 Community Water Supply: ☐ Well Public Distance From Well:____ 53 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: 300 gallons Pump Tank: gallons Size of tank: Subsurface No. of exact length width of ditches of each ditch 150 ft.

French Drain Required: Linear feet 125% Mediches 515% ditches 1824 in. Date: 01 - 14-05 Signed: (on WAR) This permit is subject to revocation if site plans or intended use change. Environmental Health Specialist 181 15 FAX ment 15 Aon Top of Ditch Keep septic TUO belove. 143 Lines IC from Topy Ditch STUD out Plumbing shallow Where shown (ground level or higher) Maintain All Set Barks

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUTHORIZATION TO CONSTRUCT

Authorization is hereby given construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 2 5 2 . This
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.
Reserve Homes
Telephone #
Address
1141.
Property Location SR# Road Name
Highland Forest 23 3(36x46) 40 Ar Subdivision Lot# #Bedrooms Proposed
Subdivision Lot # # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
New Installation [] Repair Septic Tank Nitrification Lines
[] Conventional DOther 25% Reduction system
[] 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 / 50
Width of ditches ft. Depth of ditches ft. Depth of ditches 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 installed according to the conditions of the Improvement Permit and that a valid Operations Permit has been issued.
Que Wast RS 01-14-05
Signature of Authorized Agent for Harnett County

Date