

HTE 0450010901

# IMPROVEMENT PERMIT

21488

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 Homes  New Installation  Septic Tank  
Property Location: SR# 1141  Repairs  Nitrification Line

Subdivision Highland Forest Lot # 94

Tax ID # \_\_\_\_\_ Quadrant # \_\_\_\_\_

Number of Bedrooms Proposed: 3 (54x29) Lot Size: .39 ac

Basement with Plumbing:  Garage:

Water Supply:  Well  Public  Community

Distance From Well: \_\_\_\_\_ ft.

**Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.**

Type of system:  Conventional  Other Pump to 25% Reduction System

Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons

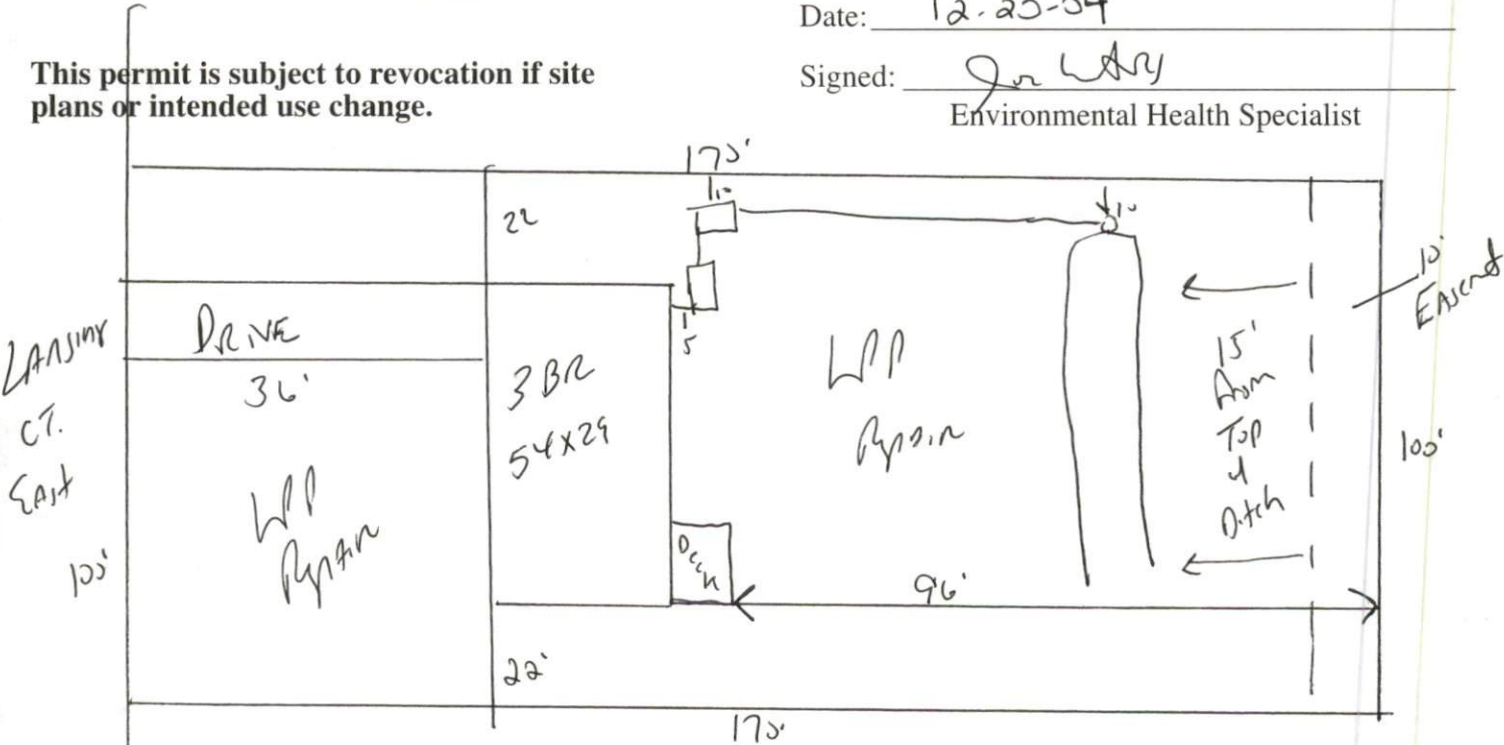
Subsurface Drainage Field No. of ditches 2 exact length of each ditch 75 ft. width of ditches 3 ft. depth of ditches 18-24 in.

French Drain Required: \_\_\_\_\_ Linear feet 9 25% Reduction System

Date: 12-20-04

**This permit is subject to revocation if site plans or intended use change.**

Signed: Jerry W. ...  
Environmental Health Specialist



STUB out Plumbing shallow (at ground level or higher)  
MAINTAIN ALL SETBACKS - Keep drain Lines 15' from top of ditch

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH  
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 21488. 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.*

Name Regency Home Telephone # \_\_\_\_\_

Address \_\_\_\_\_

1141

Property Location SR# \_\_\_\_\_ Road Name \_\_\_\_\_  
Subdivision Highland Forest Lot # 94 # Bedrooms Proposed 3 (54x24) Lot Size .39 AC

**TYPE OF SYSTEM**

New Installation [ ] Repair  Septic Tank  Nitrification Lines

[ ] Conventional  Other Pump to 25% Reduction SYSTEM

[ ] Basement [ ] With Plumbing [ ] Without Plumbing

Water Supply: [ ] Well  Public Water Supply Minimum Well Setback: 50 Ft.

Septic Tank 1000 gal Pump Chamber 1000 gal

**NITRIFICATION FIELD SPECIFICATIONS**

Number of fields 1 # of lines per field \_\_\_\_\_ Length of lines \_\_\_\_\_ Ft.

Width of ditches 3 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.

Joe West RS  
Signature of Authorized Agent for Harnett County

12-22-04  
Date