HARN COUNTY HEALTH DEPARTMI

HTE 0450010502

IMPROVEMENT PERMI'I

21490

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) New Installation Septic Tank Property Location: SR# Repairs Nitrification Line Subdivision High Land Forest Tax ID # Quadrant # Number of Bedrooms Proposed: 3 (41x44) Lot Size: , 39 Basement with Plumbing: Garage: 💆 Water Supply: ☐ Well > Public ☐ Community Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Dother Purp to 25% Redution system Type of system: Conventional Septic Tank: Dogallons Pump Tank: Dogallons Size of tank: Subsurface No. of width of exact length ditches 8-3 in ditches 7 ft. of each ditch 150 ft. Drainage Field ditches French Drain Required: _____ Linear feet 9 25% Reduction System Date: 12-20-04 This permit is subject to revocation if site Environmental Health Specialist plans or intended use change. 170' 27 DINE O.tes 21. STUB Det Plunking shallow (ground level or histor) MAINTAIN All Set BACK, Kup Lagir lines 15 from Top of Ditch.

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AU. ORIZATION TO CONSTI CT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 2 45 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 Telephone
Name Telephone #
Address
1141
Property Location SR# Road Name
Subdivision Lot # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
New Installation [] Repair Septic Tank Nitrification Lines
New Installation [] Repair Septic Tank KNitrification Lines [] Conventional [JOther Purp 1. 25% Reduction System
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well Public Water Supply Minimum Well Setback: 50 Ft.
Septic Tank gal Pump Chamber OO gal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field Length of lines 50 Ft. Width of ditches ft. Depth of ditches inches 57% Advitor
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.
Signature of Authorized Agent for Harnett County

Date