## HARN COUNTY HEALTH DEPARTMI

## HTE 0450010946

## IMPROVEMENT PERMIT

21485

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 Nitrification Line Property Location: SR# Repairs Subdivision Highland FDRest Lot # 92 \_\_\_\_\_ Quadrant # \_\_\_\_ Tax ID # Number of Bedrooms Proposed: 3 (48 x 58) Lot Size: 38 Ac Basement with Plumbing: Garage: 🔀 Public ☐ Community Water Supply: ☐ Well Distance From Well: 50 ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Dother Pump to 25% Reduction System Conventional Type of system: Septic Tank: | O30 gallons Pump Tank: | O30 gallons Size of tank: No. of ditches 3 exact length of each ditch 50 ft. width of ditches 3 ft. depth of ditches 18-30 in. Subsurface Drainage Field French Drain Required: Linear feet of 25% Reduction system Date: 12-16-04 Signed: Jo WAS This permit is subject to revocation if site Environmental Health Specialist plans or intended use change. 16 90 DRIVE 6 meet onsite Keep system 15' from Top of Oitch MAINTAIN All Set BACKS Do not DRIVE ORPARK ON SUPTIC PERMIT

## HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUT 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 # 2 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
authorization shall be valid for a period not to exceed five (5) years from the data of in-
This authorization will be invalid if ownership, site plans, or intended use change.
Regency Homes
Name Telephone #
Address
Property Location SR#
Road Name
HighLand Forest 92 3(48x58) 38 Ac Subdivision Lot # # 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 hap to 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 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.
100 West RS
Signature of Authorized Agent for Harnett County  Date