T COUNTY HEALTH DEPARTN

HTE 05-50011944

IMPROVEMENT PERMIT 21842 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) Hat aff Construction New Installation Septic Tank Property Location: SR# 6 / 14 ☐ Repairs ☑ Nitrification Line Lot # _ / / \ Subdivision Highland Forest Quadrant # Tax ID # Number of Bedrooms Proposed: 3(39x54) Lot Size: 33 A C Garage: & Keep drainlines 15 from Pear Basement with Plumbing: Community Property Line of 15' from Top of Ditch Water Supply: ☐ Well Public 50 Distance From Well: ft. Bank whichever is Greatest. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. DOTHER 25% Reduction STITEM ☐ Conventional Type of system: Septic Tank: | 300 gallons Pump Tank: ____gallons Size of tank: Subsurface exact length of each ditch 150 ft. width of ditches 1824 in. No. of Drainage Field ditches French Drain Required: Linear feet 25% Reduction System
Date: 4-27-05 This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist 22 15/15 60 121 DRIVE 24 WI Report (240LF) Maintain All set Backs 141 STUB Out Plansing shallow

AUTHORIZATION TO CONSTRUCT

Harnett County Department of Public Health, Improvement Permit # 2\8\1\2\1\2\1\2\1\2\1\2\1\2\1\2\1\2\1\2\
This authorization will be invalid if ownership, site plans, or intended use change. Harafaland.
Name Telephone #
Address
Property Location SR# High Land Forcet 1 (3 (54x35) Road Name Subdivision Lot# # Bedrooms Property ## Red Road Name
Bethooms Proposed Lot Size
TYPE OF SYSTEM New Installation [] Repair Septic Tank Nitrification Lines [] Conventional Other 25/2 Red at 12 17/2 Med at
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well Public Water Supply Minimum Well Setback: 50 Ft. Septic Tank 000 gal Pump Chamber gal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field Length of lines Ft. Width of ditches ft. Depth 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.
Signature of Authorized Agent for Harnett County Date