## HAR! T COUNTY HEALTH DEPARTM

## HTE 03-5-8472-4

## **IMPROVEMENT PERMIT**

21178

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) DAMY Norm) New Installation Septic Tank □ Repairs Property Location: SR# Nitrification Line \_\_ Lot # \_65 Subdivision High Land Quadrant # Tax ID # SOX48) Lot Size: . 42AC Number of Bedrooms Proposed: Basement with Plumbing: Garage: Public Water Supply: ☐ Well ☐ Community Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional Type of system: Other Septic Tank: 1000 gallons Pump Tank: gallons Size of tank: width of 3\_ft. exact length Subsurface No. of of each ditch 200 ft. Drainage Field ditches French Drain Required: Linear feet This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist 21 177

## HARNETT CONTY DEPARTMENT OF PUB CHEALTH 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 # 2 1 7 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 owners	ship, site plans, or intend	ed use change.
DAMY MORRIJ	**************************************	
	*	Telephone #
Address		
1711		
Property Location SR#	Ro	pad Name
Highland torrect 65	3(50 X48)	Yam
Subtrivision Lot #	# Bedrooms Proposed	Lot Size
TYP	E OF SYSTEM	*
[ New Installation [ ] Repair Septic Tank [ Witrification Lines		
Conventional [ ] Other		
[ ] Basement [ ] With Plumbing [ ] Without Plumbing		
Water Supply: [ ] Well Public Water Supply Minimum Well Setback:Ft.		
Septic Tank gal Pump Chamber gal		
NITRIFICATION FIELD SPECIFICATIONS		
Number of fields # of lines per field Length of lines Z >>> Ft.		
Width of ditchesft. 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.		
Ja Warrs		3-12-04
Signature of Authorized Agent for Harnett County		Date