### HAR! T COUNTY HEALTH DEPARTM

21175

## HTE 04-S-8808 IMPROVEMENT PERMIT

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin constr tion of any building at which a septic tank system is to be used for disposal of sewage without first obtaining a written permi from the Harnett County Health Department."
Name: (owner) New Installation Septic Tank  Property Location: SR# 1111  Repairs Nitrification Lie
Property Location: SR#     1
Subdivision High Land Forest Lot # 98
Tax ID #Quadrant #Number of Bedrooms Proposed: 3 (52 x 51) Lot Size: 35 AC
Basement with Plumbing: Garage: Garage:
Water Supply:
Following is the minimum specifications for sewage disposal system on above captioned property. Subje
to final approval.
Type of system:
Size of tank: Septic Tank: gallons Pump Tank: gallons
Subsurface No. of exact length width of depth of
Drainage Field ditches of each ditch 200 ft. ditches 3 ft. ditches 1824 in.
French Drain Required:Linear feet  Date:Date:
This permit is subject to revocation if site plans or intended use change.  Signed:  Environmental Health Specialist
170
Kroc 10, 110 110 Mich
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10 10 10 10 10 10 10 10 10 10 10 10 10 1
87 S275 E E RCAR
Repair Propert
LINC
15' LEASEMEN
10 10
175'
Meet Ondite Before Installing
MAINTAIN All Set BACKS
57nB out Plumbing Shallow
01110

# HARNETT C: NTY DEPARTMENT OF PUB 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 # 2 1 7 . This
This authorization will be invalid if ownership, site plans, or intended use change.
NP) Association
Name Telephone #
Address
1141
Property Location SR# Road Name
Highland Forst 98 3(52x51) 35Ac  Subdivision Lot # Bedrooms Proposed Lot Size
Subdivision Lot # # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
[New Installation [] Repair Septic Tank [Nitrification 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 Ft.
Number of fields# of lines per field Length of lines Ft.  Width of ditches 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.
Ja W 20 RS 3-12-04
Signature of Authorized Agent for Harnett County