HARN

COUNTY HEALTH DEPARTME

20411

HTE 04-5-8814R

IMPROVEMENT PERMIT

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) CAVINGS LAND New Installation Septic Tank Property Location: SR# (\4) Nitrification Line Subdivision_HighLanc ____ Lot # [3] Tax ID# Quadrant # Number of Bedrooms Proposed: 3(5)x51) Lot Size: 35 AC Basement with Plumbing: Garage: Bublic Water Supply: ☐ Well Community Distance From Well: 50 Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Dother 25% Reduction SYSTEM Type of system: Conventional Size of tank: Septic Tank: 1000 gallons Pump Tank: ____gallons exact length width of of each ditch 75 ft. ditches 3 ft.

Linear feet 25% Reduction Statem Subsurface No. of ditches_2 Drainage Field French Drain Required: Linear feet Date: 3-26-04 This permit is subject to revocation if site 5R139plans or intended use change. Environmental Health Specialist pp lepair Meet onit Decta MOINTAIN AllsetBack STUB Out Plumbing 12, Shallow Whereshow If using Chamber Place WAShed Stone Along side To help Prevint Clopying

HARNETT CONTY DEPARTMENT OF PUBENHEALTH 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 # 2041 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.
Cavines Land
Name Telephone #
Address
Property Location SR# Road Name
Highland Forest 101 3(50×11) 0 35 mg
Subdivision Lot # # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
New Installation [] Repair [] Septic Tank [] Nitrification Lines
Conventional [Other 25% Red-In 15/1
[] 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.
Width of ditches ft. Depth of ditches & dard 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.
3.26-04
Signature of Authorized Agent for Harnett County Date