## HARN COUNTY HEALTH DEPARTME

HTE 04-5-8896

## **IMPROVEMENT PERMIT**

20700

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) Kent New Installation (Septic Tank Property Location: SR# 1141 Repairs Nitrification Line Subdivision HighLand Forest \_\_\_Lot#\_/23 Quadrant # Tax ID # Number of Bedrooms Proposed: 3 (42 x 59) Lot Size: 9 43 AC Garage: 🛛 Basement with Plumbing: Public Community ☐ Well Water Supply: Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Nother 2 foot wick Chamber SYSTEM Conventional Type of system: Septic Tank: Ooo gallons Pump Tank: \_\_\_\_\_gallons Size of tank: exact length Subsurface No. of of each ditch 100 ft. ditches 3 ft. ditches 18-24 in. Drainage Field ditches French Drain Required: Linear feet Las of 2'wide Charber SYITEM Date: 7- 22-04 This permit is subject to revocation if site plans or intended use change. Environmental Health Specialist 175 DRIVE 5'on centers & 30 High Land Forest Dr.VE 144 TOJR 1141 -> Meet Onsite Before Installing- Must keep System Below F. II at Leat Top of ditch to be 12" Below Fill. Note D'wide chambers has 5' on center requirement Must Place stone Along sides to Prevent Closering - Keep draining 25' from Rear Property Line

## HARNETT CC TTY 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 # 20700 . 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.    (a)   (b)   (c)   (c
Name Telephone #
Address
1141
Property Location SR# Road Name
High Land Forest 123 3(42159) 143 Az
Subdivision Lot # # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
New Installation [ ] Repair Septic Tank [ Witrification Lines
[] Conventional [JOther ] Wille Charles
[ ] Basement [ ] With Plumbing [ ] Without Plumbing
Water Supply: [ ] Well [ Public Water Supply Minimum Well Setback:
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field Depth of ditches   Length of lines   Ft.    Width of ditches   Ray   inches   Ray
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  3-22-04