HTE 04-5-8897

HAR T COUNTY HEALTH DEPARTM

IMPROVEMENT PERMIT

20690

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."	of sewage without first obta	aining a written per	rmit
Name: (owner) Kent Pierce	New Installation	Septic Tank	
Property Location: SR#	Repairs	Nitrification	
Subdivision High Land Forest	Lot #	4/	Ť
Tax ID #	Quadrant #		
Tax ID #	ze: 045 AC		
Basement with Plumbing: Garage: 🔀			
Water Supply:			
Distance From Well:ft.			
Following is the minimum specifications for sewage disposal systo final approval.	stem on above caption	ed property. Sul	bject
Type of system:			
Size of tank: Septic Tank: 1003 gallons Pump	Tank:gallons		
Subsurface No. of exact length of each ditch 200 ft.	width of ditches 3 ft.	depth of ditches 18-24 i	in.
French Drain Required:Linear feet	00 1/ 0		
	03-16-04	A .	_
This permit is subject to revocation if site Signed	i: On h	M	
plans or intended use change.	Environmental He	ealth Specialist	
156			
1 and 1 35	413"		-
higher 1 ACA . a I		7 25 10	
Gut Man 3BR		1 6	
00.16 41 33×54 Pent		- IA	10.5
00. 105 41 33×54 PEM	7	2 5	122
34.00		1 1 0	
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20 Perpin			
ESSEN CT. WEST	136.		
Heep debin Lines 21. from Read Property T			
Maintain All set Backs 5743 Oct 1	Humbing Sha	Molla	

HARNETT C NTY DEPARTMENT OF PUI 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 # 20690 . This			
authorization shall be valid for a period not to exceed five (5) years from the data of increase.			
This authorization will be invalid if ownership, site plans, or intended use change.			
Kent Vience			
Name Telephone #			
Address			
Property Location SR#			
Road Name			
Highland Forest 41 3(33) 54) e 4) Ar			
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.			
Width of ditchesft. Depth of ditchesinches			
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 Installed according to			
the conditions of the Improvement Permit and that a valid Operations Permit has been issued.			
Jaw 2016-04			
Signature of Authorized Agent for Harnett County			