HTE 04-5-8949

HAR! Γ COUNTY HEALTH DEPARTM

IMPROVEMENT PERMIT

20414

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin construc-

tion of any building at which a septic tank system is to be used for disposa from the Harnett County Health Department."	al of sewage without first obtaining a written permit
Name: (owner) Dany Norn)	New Installation Septic Tank
Property Location: SR# 1141	Repairs Nitrification Line
Subdivision High Land Furst	Lot # .55
Tax ID #	Ouadrant #
Tax ID #_ Number of Bedrooms Proposed: 3 (55x42 Lot S	Size: 35AC
Basement with Plumbing: Garage:	
Water Supply:	
Distance From Well: So ft.	
Following is the minimum specifications for sewage disposal sto final approval.	
Type of system: Conventional Sother 25%	
Size of tank: Septic Tank: gallons Pum	ıp Tank:gallons
Subsurface No. of a exact length of each ditch 75 ft. French Drain Required: Linear feet 125%	width of depth of ditches 1824 in.
Date	3.27-04
This permit is subject to revocation if site Sign	ned: Jr WRS
plans of intended use change.	Environmental Health Specialist
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HARNETT C NTY DEPARTMENT OF PUI C 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 # 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.	
() Ann Mira	
Name Telephone #	
Address	
1141	
Property Location SR# Road Name	
Highland Forest 55 3(S9x42) 35 Ac	
Subdivision Lot # # Bedrooms Proposed Lot Size	
TYPE OF SYSTEM	
New Installation [] Repair Septic Tank [Nitrification Lines	
New Installation [] Repair Septic Tank [Nitrification Lines [] Conventional Other 25% Reduction SY) 75.0	
[] Basement [] With Plumbing [] Without Plumbing	
Water Supply: [] Well Public Water Supply Minimum Well Setback: 50 Ft.	
Water Supply: [] Well Public Water Supply Minimum Well Setback:	
NITRIFICATION FIELD SPECIFICATIONS	
Number of fields # of lines per field Length of lines Ft.	
Width of ditches ft. Depth of ditches inches to	
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.	
() () ADC	
Signature of Authorized Agent for Harnett County Date	
Date	