HTE 04-S-8957

PACKTON CT WEST

HARM T COUNTY HEALTH DEPARTM

20418

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) DAMMY NOTHS ______New Installation Septic Tank Property Location: SR# Nitrification Line Subdivision HighLand Forest ____Lot#_57 Tax ID #_____Quadrant #_____Number of Bedrooms Proposed: 34 (50 x 33) Lot Size: 36 A C Basement with Plumbing: Garage: 🗖 Public Public Water Supply: ☐ Well Community Distance From Well: 50 Following is the minimum specifications for sewage disposal system on above captioned property. Subject Puno To to final approval. XOther 25% Reduction SYSTEM Conventional Type of system: Septic Tank: 1000 gallons Pump Tank: 1000 gallons Size of tank: Drainage Field ditches 2 exact length of each ditch 1/D ft. width of ditches 3 ft.

French Drain Required: Linear feet 925% Pedation STITEM Date: 3-31-04 This permit is subject to revocation if site plans or intended use change. Environmental Health Specialist 137' EAsement NUT Enstalled DRAINASE 25" 25 65 30" & Run To 18" If using Chamber Patio 160 4 BR 191 50 x 37 Must Place Washed STORE Along stile ~ ill To help prevent clossing 40 Keep drain Lines Di from Pere property Line

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 # 20 418. This authorization shall be valid for a period not to exceed for (5)	S
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.	
Vanny Warris	
Name Telephone #	=
Address	
1141	
Property Location SR# Road Name	-8
Highland Forest 52 04(50x33) .36 Ac	
Subdivision Lot # Bedrooms Proposed Lot Size	ŧ
TYPE OF SYSTEM	
New Installation [] Repair [] Septic Tank [] Nitrification Lines [] Conventional (] Other Num to 25% Red-chon 57,775~	
Conventional () Other WM to d) To Red-chon St) Tree	
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 ditabas 3	
French Drain: Linear feet required Depth of gravel	
Depth of gravel	
No wastewater system shall be covered or placed into use by any person until an inspection by the	F
Harnett County Health Department has determined that the system has been installed according to	11
he conditions of the Improvement Permit and that a valid Operations Permit has been issued.	
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D2-31-4	
Signature of Authorized Agent for Harnett County	
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