HAR T COUNTY HEALTH DEPARTM

IMPROVEMENT PERMIT

20437

HTE 04-5-9111

tion of any building at which a septic tank system is to be used for d	
Name: (owner) DAMY MORRI)	New Installation Septic Tank
Name: (owner) ORON MORRI) Property Location: SR#	☐ Repairs ☐ Nitrification Line
Subdivision HighLand Forest	Lot # 67
Tax ID #	Quadrant #
Number of Bedrooms Proposed: 5 (48 x 3a)	Lot Size: 6 46 M
Basement with Plumbing: Garage:	又
Water Supply:	
Distance From Well: 55 ft.	
Following is the minimum specifications for sewage dispeto final approval.	osal system on above captioned property. Subject
Type of system: Conventional Other	
Size of tank: Septic Tank: Ossigallons	Pump Tank:gallons
Subsurface No. of exact length of each ditch of each ditch	width of depth of ditches 1824 in.
French Drain Required:Linear feet	Date: 04-14-04 Signed: 4-441
This permit is subject to revocation if site	Signed: Francis
plans or intended use change.	F 1 1 1 1 C 11 .
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STUB Out Plumbing shallow	when shown
STUB Out Plumbing shallow Keep Prain Lines 30 Ao	m Repa Properto Line
MAINTAIN All set Backs	•
INAMIAN HILZELDACK)	

HARNETT C NTY DEPARTMENT OF PU C HEALTH AU'I HORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # _ Q _ Q _ Q 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.	
Danny Nomis	
Name 0 Telephone #	
Address	
Property Location SR# Road Name	
High Land Forest 60 3(48x3) of 6 m	
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: 50 Ft.	
Septic Tank gal Pump Chamber gal	
NITRIFICATION FIELD SPECIFICATIONS	
Number of fields # of lines per field Length of lines 200 Ft.	
Width of ditches ft. Depth of ditches 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.	
Signature of Authorized Acres 6. H. W. S.	
Signature of Authorized Agent for Harnett County Date	