нте 04-5-9236

HARI T COUNTY HEALTH DEPARTM

IMPROVEMENT PERMIT

21185

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) WARRY Norris New Installation Septic Tank Property Location: SR# Nitrification Line Subdivision High Land ____ Lot # _/ Tax ID # _____ Quadrant # ____ Number of Bedrooms Proposed: 3(50 x 34) Lot Size: -35 AC Basement with Plumbing: ☐ Well Public ☐ Community Water Supply: Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Other 85% Reduction SYSTEM Conventional Type of system: Septic Tank: gallons Pump Tank: gallons Size of tank: Subsurface No. of exact length width of depth of Sylin.

French Drain Required:

Linear feet 425% Reduction STITEM Date: 05-06-04 Signed: This permit is subject to revocation if site plans or intended use change. Highland Environmental Health Specialist Forest Daive 125 110 110 110 Maintain All Set Backs Keep dean Lines 30' from Property Line Along High Land Forest Drive Place Washed Stone Along side Chambers if wing Chamber

HARNETT COUNTY DEPARTMENT OF PURILIC HEALTH AU' ORIZATION TO CONST...CT

Harnett County Department of Public Health, Improvement Permit # 2 185 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.
Dannx Marris
Name Telephone #
Address
Property Location SR#
Road Name
High Land Forest 1 3 (SDX34) 35Ac
Subdivision Lot # # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
New Installation [] Repair [Septic Tank [Witrification Lines
New Installation [] Repair [XSeptic Tank [Witrification Lines Conventional Other 25% Reduction STITEM
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well Public Water Supply Minimum Well Setback: 50 Ft.
Septic Tankgal Pump Chambergal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields# of lines per field# Length of lines/Ft.
Width of ditches 3 ft. Depth of ditches 24 inches 4 25% Reduction
French Drain: Linear feet required Depth of gravel STITEM
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 Date
1