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## HARN COUNTY HEALTH DEPARTMI

20855

## HTE 04-5-9754

#### **IMPROVEMENT PERMIT**

tion of any building at which a septic tank system is to be used from the Harnett County Health Department."	for disposal of sewage without first obtaining a written permit
	New Installation Septic Tank
Name: (owner) Damy Osmis Property Location: SR#	☐ Repairs ☐ Nitrification Line
•	
Subdivision HighLand Forest	Lot # Quadrant # Lot Size: 35Ac
Tax ID #	Quadrant #
Number of Bedrooms Proposed: 3(47)353	Lot Size: 35Ac
Basement with Plumbing: Gara	
Water Supply:  Well Public  Communication  Well:  ft.	inity
to final approval.	disposal system on above captioned property. Subject
Type of system: Conventional Other_	
	Pump Tank:gallons
Subsurface No. of exact length of each ditches of each ditches	width of depth of ditches 3 ft. ditches 824 in.
	of ft. ditches of ft. ditches of fin.
French Drain Required:Linear feet	Date: 06-28-04
	Date: O A O I
This permit is subject to revocation if site plans, or intended use change.	Signed: Qo LAN
rg-	Environmental Health Specialist
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# HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUI ORIZATION TO CONST CT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 20855 This authorization shall be valid for a period pattern of the construct a wastewater system to the specifications described by authorization shall be valid for a period pattern of the construct a wastewater system to the specifications described by authorization shall be valid for a period pattern of the construct a wastewater system to the specifications described by authorization shall be valid for a period pattern of the construct a wastewater system to the specifications described by authorization shall be valid for a period pattern of the construct a wastewater system to the specifications described by authorization shall be valid for a period pattern of the construct a wastewater system to the specifications described by authorization shall be valid for a period pattern of the construct a wastewater system.	
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.	
Name Name	
Telephone #	
Address	
114l	
Property Location SR#  Road Name	
Highland forut 110 3(44x75) 350	
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 223 Et	
Width of ditches ft. Depth of ditches inches	
French Drain: Linear feet requiredDepth of gravel	
Dopin of graver	
No wastewater system shall be covered or placed into use by any person until an inspection by the	
the conditions of the Improvement Permit and that a valid Operations Permit has been issued.	
( Jos West RS	
Signature of Authorized Agent for Harnett County	
Date	