## HTE 04-5-8912

## HARN Γ COUNTY HEALTH DEPARTMI

## **IMPROVEMENT PERMIT**

20404

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)	New Installation Septic Tank Repairs Nitrification Line
Subdivision The HighLand's C Shee wood Forest  Tax ID #  Number of Bedrooms Proposed: 3 (58 x 28) Lot Siz  Basement with Plumbing: Garage:  Water Supply: Well Public Community  Distance From Well: 50 ft.	Quadrant #
Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.	
Type of system: Conventional Other	Γank:gallons
plans or intended use change.	Environmental Health Specialist
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FAIL WILL Allow to existing french DRA	DRAIN TO BC As deep As

## 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 # 20 404 . 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.	
Terri Cicni	
Name Telephone #	
Address	
N(2 1/2) Property Location SR# Road Name	
7/a. Livh Acid (4)	
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:Ft.	
Septic Tank gal Pump Chamber gal	
NITRIFICATION FIELD SPECIFICATIONS	
Number of fields # of lines per field Length of lines Ft.	
Width of ditches ft. Depth of ditches inches	
French Drain: Linear feet required	
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.	
(1740-	
7.27-04	
Signature of Authorized Agent for Harnett County  Date	