HTE 04-5- 9876

COUNTY HEALTH DEPARTME

IMPROVEMENT PERMIT

20870

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) (err. Ciez:

Property Location: SR# N(24/27)

Repairs

New Installation X Septic Tank

Repairs

Nitrification Line Name: (owner) ______ Cieri Cieri Subdivision The Highlands Q Shorwood Forest Lot # 26 Tax ID #______Quadrant #______Number of Bedrooms Proposed: 3(72 x 6 6) Lot Size: _.56 A -______ Basement with Plumbing: Garage: Water Supply: ☐ Well N Public Community Distance From Well: ______ ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional Other____ Type of system: Septic Tank: 2003 gallons Pump Tank: gallons Size of tank: Subsurface No. of exact length width of ditches 3 ft. Drainage Field ditches French Drain Required: Linear feet Date: 07-17-04 Signed: On Many
Environmental Health Specialist This permit is subject to revocation if site plans or intended use change. de - Chane Box & Ina BNEXIX 2 10 Maintain all Set Backs Follow Contones Gren electrica Chon

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUTTORIZATION TO CONST. JCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit #
Terri Cice;
Name
Telephone #
Address
N(24/27
Property Location SR# Road Name
The Highlands Af 26 3(2x60) 56AC Subdivision Shapawad Lot# #Bedrooms Proposed Lot Size
Subdivision McRuss 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
Width of ditches ft. Depth of ditches inches
French Drain: Linear feet required Depth of gravel
No wastewater system shall be save at the same at the
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