## HARI T COUNTY HEALTH DEPARTM

20885

HTE 04-5-10045

**IMPROVEMENT PERMIT** 

from the Harnett County Health Department."	No. 1	<b>7</b> 0
Name: (owner) Terri Cice;  Property Location: SR#_NCd4/27	New Installation	Septic Tank
Property Location: SR#_NCATAT		Nitrification Line
Subdivision The Highlands @ Showard Forest	Lot #	31
Tax ID #	Quadrant #	
Number of Bedrooms Proposed: 3(72 x 45) Lot S	Size: 50AC	
Basement with Plumbing: Garage: 🖫		
Water Supply:		
Distance From Well:ft.		
Following is the minimum specifications for sewage disposal s to final approval.	ystem on above caption	ed property. Subject
Type of system: Conventional Other		
Size of tank: Septic Tank: 1000 gallons Pump	p Tank:gallons	
Subsurface No. of exact length  Drainage Field ditches of each ditch 20 ft.	width of ditchesft.	depth of ditches 1824 in.
French Drain Required:Linear feet  Date	: 08-04-04	
This permit is subject to revocation if site Signo	ed: Or Wo	RS
plans or intended use change.	Environmental He	ealth Specialist
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## HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUTTORIZATION TO CONST. JCT

Harnett County Department of Public Health, Improvement Permit # 20 885  This
This authorization will be invalid if ownership, site plans, or intended use change.
Name
Telephone #
Address
Nearlan
Property Location SR#  Road Name
The High Lands C 31 3(72×45) Subdivision Therwood Lot # #Bedrooms Proposed Lot Size
Subdivision Therwood 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
NITRIFICATION FIELD SPECIFICATIONS
I SPECIFICATIONS
Number of fields # of lines per field Length of lines Ft.
Width of ditches ft. Depth of ditches inches Ft.
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 had
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.
Wor West RS
Signature of Authorized Agent for Harnett County  Date