HAR TT COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT 22146

05-5-125 65 - Garage Be it ordained by the Harnett County Boar tion of any building at which a septic tank system is	d of Health as follows: Se to be used for disposal of	ction III, Item B. "No Per sewage without first obta	rson shall begin construc- aining a written permit
Name: (owner) Terri Cier. High Land Property Location: SR# No 24/27	Home Bulden	New Installation	Septic Tank Nitrification Line
Subdivision The Highbords C Shepword	Forest	Lot #	75
Tax ID #		: . 62 AC	
Following is the minimum specifications for to final approval. The Chips Orc			ed property. Subject
Type of system: Conventional	Other		
Size of tank: Septic Tank:gallons Pump Tank:gallons			
Subsurface No. of exact le of each	ngth ditch_Q80_ft.	width of ditchesft.	depth of NaY in.
French Drain Required:Lin	Date:	7-14-05	0.6
This permit is subject to revocation if site plans or intended use change.	Signed:	Environmental He	ealth Specialist
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J STUB O-t Plumi MAINTAIN All S	•	where shown	
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HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AU IORIZATION TO CONST JCT

Harnett County Department of Public Health, Improvement Permit # 22146. 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 Cizzi High Lone Home Boldens Name			
Name Telephone #			
Address Alandaria			
NCQYIA7 Property Location SR#			
The High Land of The High Land of At The High			
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 \(\text{Number of fields} \)			
Width of ditches ft. Depth of ditches 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 has been installed according to the conditions of the Improvement Permit and that a valid Operations Permit has been issued.			
0-11-t-01			
Signature of Authorized Agent for Harnett County			
Date			