HTE# 05-50013419

IMPROVEMENT PERMIT 22428

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) Dany Norri)	New Installation Septic Tank Repair
Property Location: SR# NC 27	Nitrification Line Expansion
Subdivision Myre Beach	Lot # 139 (Recombination
Tax ID#	Quadrant #
Number of Bedrooms Proposed: 3(43 x48) 365	
Basement with Plumbing: Garage: 🗷	M-IT BRING In 8 to 12" of Approved
Water Supply: Well Public Comm	unity Fill
Distance From Well:ft.	
Following is the minimum specifications for sewage of Subject to final approval.	
Subject to final approval. Type of system: Conventional Other	mp to 25%. Reduction SYSTEM without shalls
Size of tank: Septic Tank: gallons Pun	np Tank: gallons
Subsurface No. of exact length Drainage Field ditches ft. of each ditch	width of 3 depth of ditches 12 to 18 in.
French Drain Required:Linear feet	Date: 12-20-05
This permit is subject to revocation if site	PERMIT EXPIRES 5 YEARS FROM ABOVE DATE
plans or intended use change.	\wedge
145	Signed: Environmental Health Specialist
	Environmental Health Specialist
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AUTHORIZATION TO CONTETRUCT

Harnett County Department of Public Health, Improvement Permit # 22428 This authorization shall be valid for a period not to exceed for (5)	
This authorization will be invalid if ownership, site plans, or intended use change.	
Name Noni	
Telephone #	
Address	
Negr.	
Property Location SR# Road Name	
Mire Branch 139 (Recombination) 3 (43x+8) 3 copy 1 1.72 m. Subdivision Lot # #Bedrooms Proposed Lot Size	
Subdivision Lot # # Bedrooms Proposed Lot Size	
TYPE OF SYSTEM	
New Installation [] Repair Septic Tank Nitrification Lines	
[] Conventional Wother Pump To 25% reduction System	
[] Basement [] With Plumbing [] Without Plumbing	
Water Supply: [] Well Public Water Supply Minimum Well Setback: 50 Ft.	
Septic Tank Soo gal Pump Chamber Soo gal	
NITRIFICATION FIELD SPECIFICATIONS	
Number of fields # of lines per field Length of lines	
Width of ditches 3 ft. Depth of ditches 12 to 18 inches 2016 Red et ion system	
French Drain: Linear feet required Depth of gravel	
No wastewater system shall be covered or also also also also also also also also	
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.	
Yor West RS	
Signature of Authorized Agent for Harnett County	

Date