

HTE# 05-50013421

IMPROVEMENT PERMIT 22404

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) Danny Norris New Installation Septic Tank Repair
 Property Location: SR# NC 27 Nitrification Line Expansion
 Subdivision MIKE BRANCH Lot # 150
 Tax ID# _____ Quadrant # _____
 Number of Bedrooms Proposed: 3 (54x34) 360 gpd Lot Size: 1.79

Basement with Plumbing: Garage:
 Water Supply: Well Public Community
 Distance From Well: 50 ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: Conventional Other Pump to 25% Reduction System

Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons

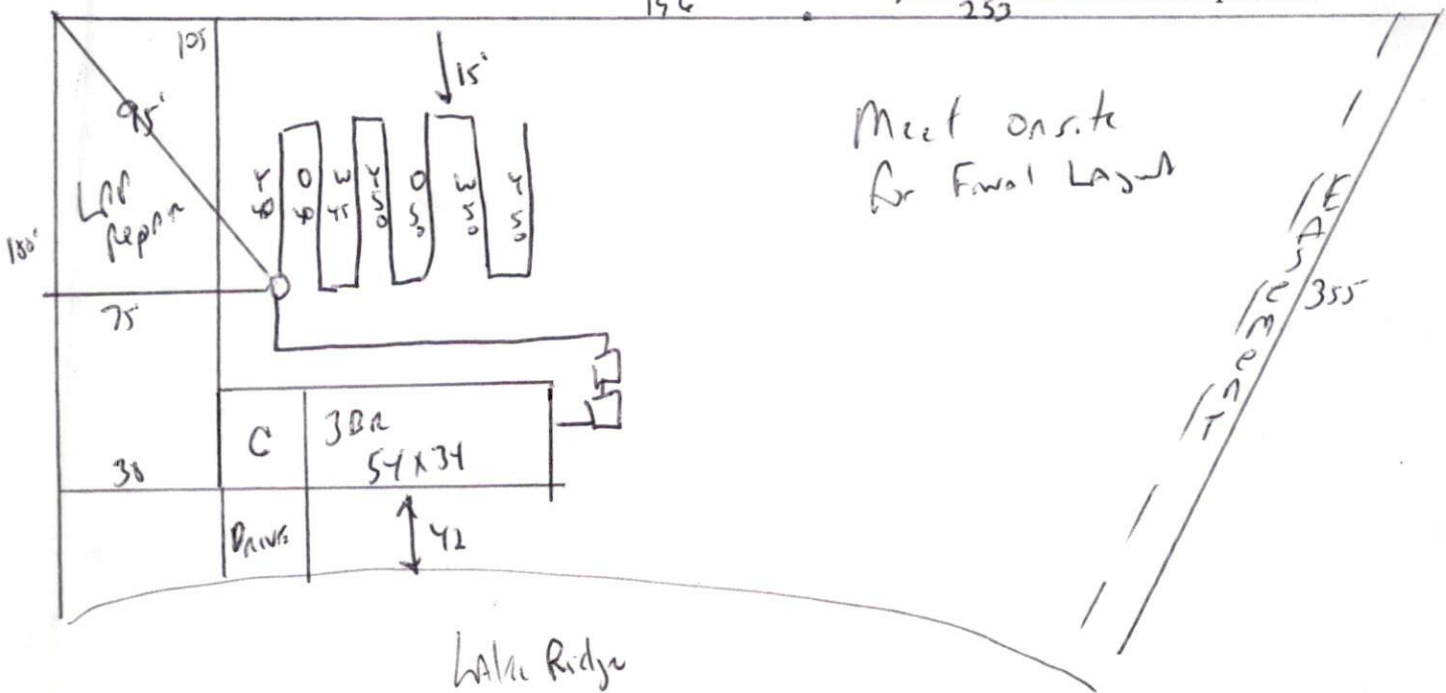
Subsurface Drainage Field No. of 1 exact length 300 width of 3 depth of 18 m+
 ditches ft. of each ditch ft. ditches ft. ditches in.
of 25% Reduction system

French Drain Required: _____ Linear feet

Date: 11-16-05
 PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

This permit is subject to revocation if site plans or intended use change.

Signed: [Signature]
 Environmental Health Specialist



HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH
AUTORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 22404. 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.*

Name Danny Norrell Telephone # _____

Address _____

Property Location SR# Nc 27 Road Name _____

Subdivision Mini Branch Lot # 150 # Bedrooms Proposed 3 (54x74) 360 ypd Lot Size 1.79 ac

TYPE OF SYSTEM

New Installation [] Repair Septic Tank Nitrification Lines
[] Conventional Other 25% Reduction SYSTEM Pump to
[] Basement [] With Plumbing [] Without Plumbing

Water Supply: [] Well Public Water Supply Minimum Well Setback: 50 Ft.

Septic Tank 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 300 Ft.
Width of ditches 3 ft. Depth of ditches 18 max inches OF 25% Reduction SYSTEM

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.

Signature of Authorized Agent for Harnett County Joe West RS

Date 11-16-05