

HTE# 06-50014243RZ

HARNETT COUNTY HEALTH DEPARTMENT

Repl/ky permit # 19443

IMPROVEMENT PERMIT 22548

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) ~~XXXXXXXXXXXX~~ Danny Morris New Installation Septic Tank Repair

Property Location: SR# 1201 Nitrification Line Expansion

Subdivision CAROLINA SEASONS Lot # H-12

Tax ID# _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (56x70) 360 sq ft Lot Size: 0.65

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: _____ 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 ditches 2 exact length of each ditch 90 ft. width of ditches 3 ft. depth of ditches 18 1/2 in.

French Drain Required: _____ Linear feet of 25% Reduction system

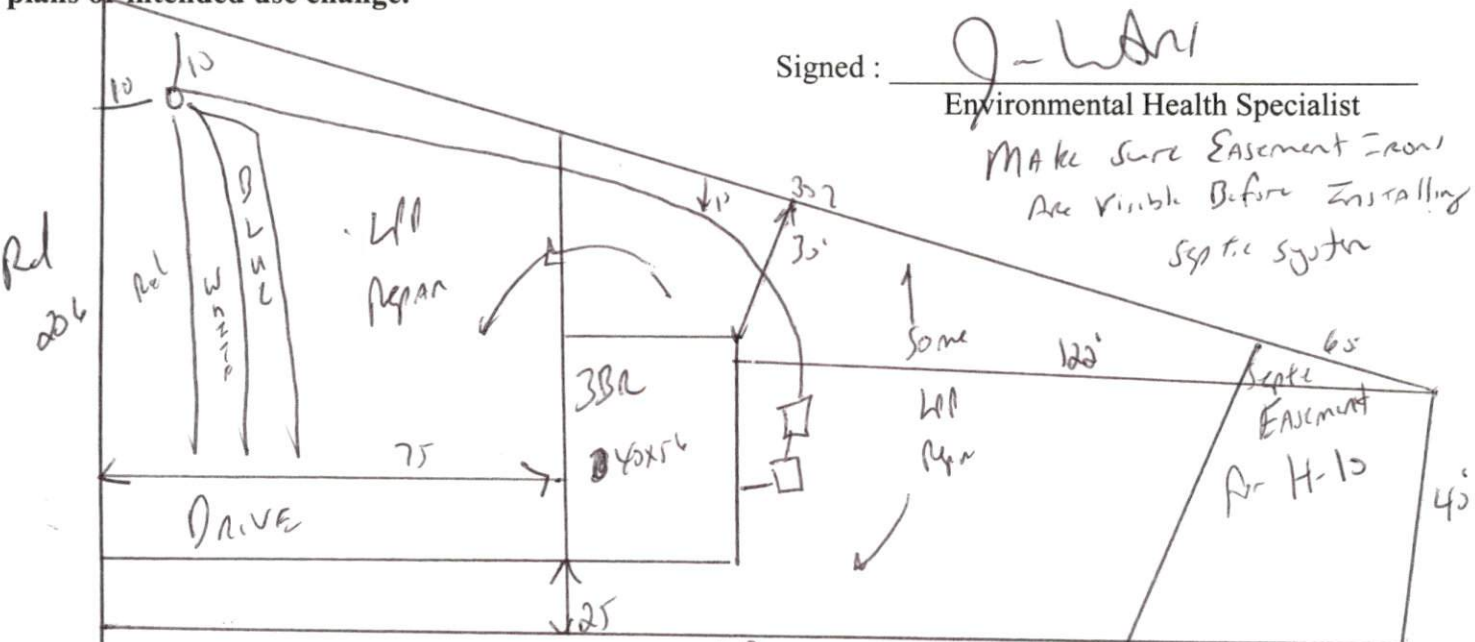
Date: 3-21-06

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

PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

Signed: J. Ward
Environmental Health Specialist

MAKE SURE EASEMENT ZONES ARE VISIBLE BEFORE INSTALLING SEPTIC SYSTEM



Meet onsite for final layout - may install a 3x60 25% Reduction SYSTEM maintain all set backs

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 22578. 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 Norris Telephone # _____

Address _____

1201

Property Location SR# _____ Road Name _____

CAROLINA SEASON H-12 3(56x40) 0.65 ac

Subdivision _____ Lot # _____ # Bedrooms Proposed _____ Lot Size _____

TYPE OF SYSTEM

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

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

Septic Tank 1000 gal Pump Chamber 1000 gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 2 Length of lines 90 Ft.
Width of ditches 3 ft. Depth of ditches 18 2/4 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]
Signature of Authorized Agent for Harnett County

03-21-06
Date