IMPROVEMENT PERMIT 22645

constructio	e it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No person shall begin on of any building at which a septic tank system is to be used for disposal of sewage without first obtaining a writt m the Harnett County Health Department."	tei
Name: (o	wner) Danny Morris (Comberland Hans) New Installation & Septic Tank & Repair	
Property	Location: SR# 1108 Nitrification Line Expansion	
Subdivisi	on Yorkshine Plantation Lot # 180	
Tax ID#	Quadrant #	T
Number of	Of Bedrooms Proposed: 3(58×34) 363 gpd Lot Size: 40 Ac	
	t with Plumbing: Garage:	
Water Su	pply: Well Public Community	
Distance	From Well: ft.	
Followin	g is the minimum specifications for sewage disposal system on above captioned property.	
	o final approval.	
Type of s	ystem: Conventional Stother 25% Red-etion STSTEM	
Size of ta	nk: Septic Tank: gallons Pump Tank: gallons	
Subsurfac Drainage	ee No. of exact length width of depth of ft. of each ditch 150 ft. ditches 1824 in	1.
French D	rain Required:Linear feet Date: 04-20-06	
richen D	Date: 04-20-06	
This per	mit is subject to revocation if site PERMIT EXPIRES 5 YEARS FROM ABOVE DATE intended use change.	C
	Signed: Environmental Health Specialist	
	Environmental Health Specialist	
	170	
	15' 710 110	
	Oave	
	DR.VE toet	
Og	40 3BR AMA	
100	100 83,24 107	
	Les Sans	
85	0 4	
	15 240 LF 30'	
	13 10 4260	
	237	-
	A = A + A + A + A + A + A + A + A + A +	
	Meet on site for Lago-t	
	STUB at Plumbing Shallow (ground hul)	
- 1	3/415 00)	

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 # 22645 . 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, o			
Danna Nami's	Telephone #		
	, supplied to		
Address			
Nog Property Location SR#			
	Road Name		
Subdivision Lot # Bedrooms Proposed	spd , YDAe		
TYPE OF SYSTEM			
New Installation [] Repair Septic Tank			
[] Conventional AOther 25% Rodadism	STITEM		
[] Basement [] With Plumbing [] Without Plumbing			
Water Supply: [] Well Public Water Supply Minim	um Well Setback:Ft.		
Septic Tank gal Pump Chamber _	gal		
NITRIFICATION FIELD SPEC	<u>IFICATIONS</u>		
Number of fields # of lines per field	Length of lines /50 Ft.		
Number of fields # of lines per field Width of ditches ft. Depth of ditches 8-24	inches 425% Reduction		
French Drain: Linear feet required Depth of gravel	313.614		
1			
No wastewater system shall be covered or placed into use by a			
Harnett County Health Department has determined that the sys	tem has been installed according to		
the conditions of the Improvement Permit and that a valid Oper	rations Permit has been issued.		
A			
Yor West (2)	04-20-06		
Signature of Authorized Agent for Harnett County	Date		