

HTE# 06-500/5240

IMPROVEMENT PERMIT 23089

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) Matthew Norris New Installation Septic Tank Repair
Property Location: SR# HWY 27W Nitrification Line Expansion
Subdivision LAUREL VALLEY Lot # 95
Tax ID# _____ Quadrant # _____
Number of Bedrooms Proposed: 3 (57x42) 360 sq ft Lot Size: .255

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 prop to 25% Reduction system

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

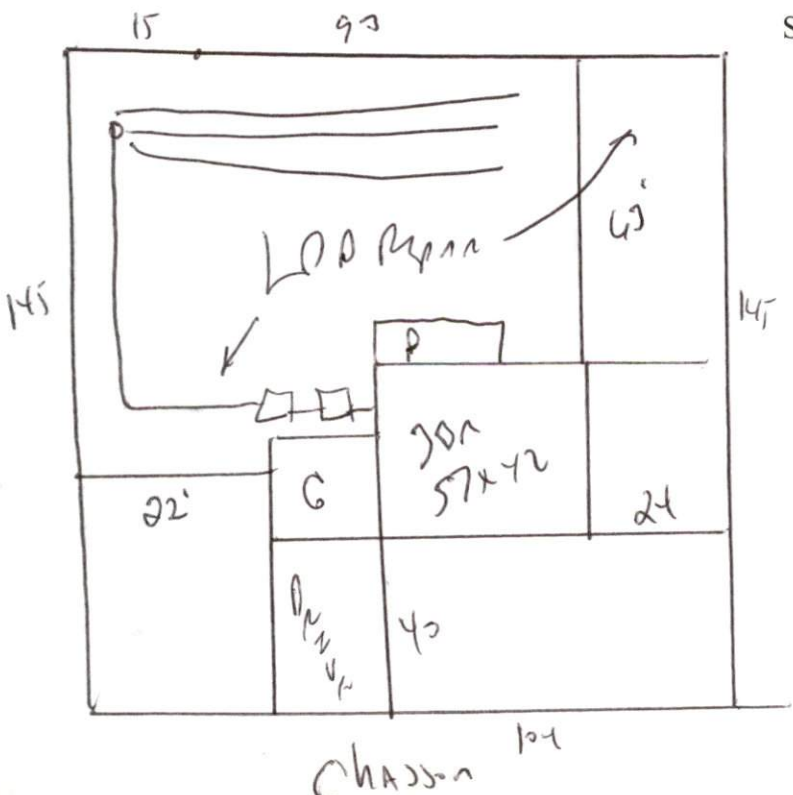
Subsurface No. of exact length width of depth of
Drainage Field ditches 3 ft. of each ditch 50 ft. ditches 3 ft. ditches 18.24 in.
of 25% Reduction system

French Drain Required: _____ Linear feet

Date: 07-05-06
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



STUD out Plumbing shall be
At ground level where shown
And pump may Not Be required
Meet on site for Final layout
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 # 23089. 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.*

Matthew Norris

Name

Telephone #

Address

HWY 27W

Property Location SR#

Road Name

Laurel Valley

95

3(57x42) 3600d .355

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 3 Length of lines 50 Ft.

Width of ditches 3 ft. Depth of ditches 18.24 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.

Joe Waters

Signature of Authorized Agent for Harnett County

07-25-26

Date