## HARNE COUNTY HEALTH DEPARTMEN

## IMPROVEMENT PERMIT 01-5-2578

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."	<u> </u>	EX
Name: (owner) Danny Morris	New Installation	
Property Location: SR#	Repairs	Nitrification Line
Subdivision YORKShire Plantation Tax ID#	Lo	t#_43
Tax ID #	Quadrant #	
Number of Bedrooms Proposed: 3 (50 x 50)	Lot Size: 35 AC	
Basement with Plumbing: Garage:		
Water Supply:  Well Public  Communi	ity	
Distance From Well:ft.		
Following is the minimum specifications for sewage disposal final approval.	system on above captioned	property. Subject to
Type of system:		
Size of tank: Septic Tank: gallons	Pump Tank: ga	allons
Subsurface No. of exact length of each ditch according to the subsurface of the subs	width of 3 ft. ditches 3 ft.	depth of 18-39in.
French Drain Required: Linear feet	115	17
Date:	7-31-31 d: Jor G HEIX	200
This permit is subject to revocation if site Signe	d: for G AR	11 0 11
plans or intended use change.	/ Environmental He	alth Specialist
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Or park on septic system -		

## AU HORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described

by Harnett County Health Department Improvement Permit # 15224, 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. Owner or Authorized Agent DAnny Menis Name: \_\_\_\_\_\_ Telephone # 910-892-4345 Property Location: SR # 108 Road Name\_\_\_\_\_ Subdivision Yorkihim Plantation Lot # 43 Number of Bedrooms Proposed: 3(50) Lot size: \_, 35Ac Basement \_\_\_\_\_ With Plumbing \_\_\_\_\_ Without Plumbing \_\_\_\_\_ Water Supply: Well \_\_\_\_\_ Public \_\_\_\_ Minimum Well Setback: \_\_\_\_\_ ft. Type of System: Conventional \_\_\_\_\_ Other \_\_\_\_\_ Tank Volume: Septic Tank / gallons Pump Chamber \_\_\_\_\_ gallons Nitrification Field Specifications Number of fields \_\_\_\_\_ Number of Lines per Field \_\_\_\_ Length of lines \_\_\_\_ Zou\_\_ Width of ditches 3 ft. Depth of ditches 8-30 inches 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. Authorized Agent for Harnett County Health Department Name: \_ ( ) x W(M) Date: 7-3/-0/ (Revised 2/96) CNSTRCT. WPD