HARNI

COUNTY HEALTH DEPARTME

#1025-3755 Nº 18758

IMPROVEMENT PERMIT

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				
Property Location: SR# 1435 Trajp Repairs Nitrification Li				
Subdivision Vineyand Green Lot #_65 Tax ID # Quadrant #				
Tax ID # Quadrant #				
Number of Bedrooms Proposed: 3 Lot Size: 589				
Basement with Plumbing: Garage:				
Water Supply:				
Distance From Well:ft.				
Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.				
Type of system:				
Size of tank: Septic Tank: OOO gallons Pump Tank: gallons				
Subsurface No. of exact length width of depth of ditches 3 of each ditch 100 ft. ditches 3 ft. depth of ditches 18-20 in.				
French Drain Required: Linear feet				
This permit is subject to revocation if site Signed:				
Environmental Health Specialist				
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AU THORIZATION TO CONSTAUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit #				
DANNY NORMS	910-897-4345			
Name	Telephone #			
Name P.O. BOX 727 DUNN Address	N.C.	28335		
	Trupp Road Name			
Subdivision Concer	65	3	5/8}	
Subdivision /	Lot #	# Bedrooms Proposed	Lot size	
TYPE OF SYSTEM				
[+New Installation [] Repair [Septic Tank Nitrification Lines				
[Conventional Other				
[] Basement [] With Plumbing [] Without Plumbing				
Water Supply: [] Well [TPublic - Minimum Well Setback:Ft.				
NITRIFICATION FIELD SPECIFICATIONS				
Number of fields 2 # of lines per field 3 Length of lines 100 Ft.				
Width of ditches ft. Depth of ditches 18-20 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.				
Signature of Authorized Agent for Harnett County	enos,	Date		