

#02-5-3757

HARNETT COUNTY HEALTH DEPARTMENT

No 18759

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 Trapp

Repairs Nitrification Line

Subdivision VINEYARD GREEN Lot # 66

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: 1.542 ACRES

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 50' ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: Conventional Other _____

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

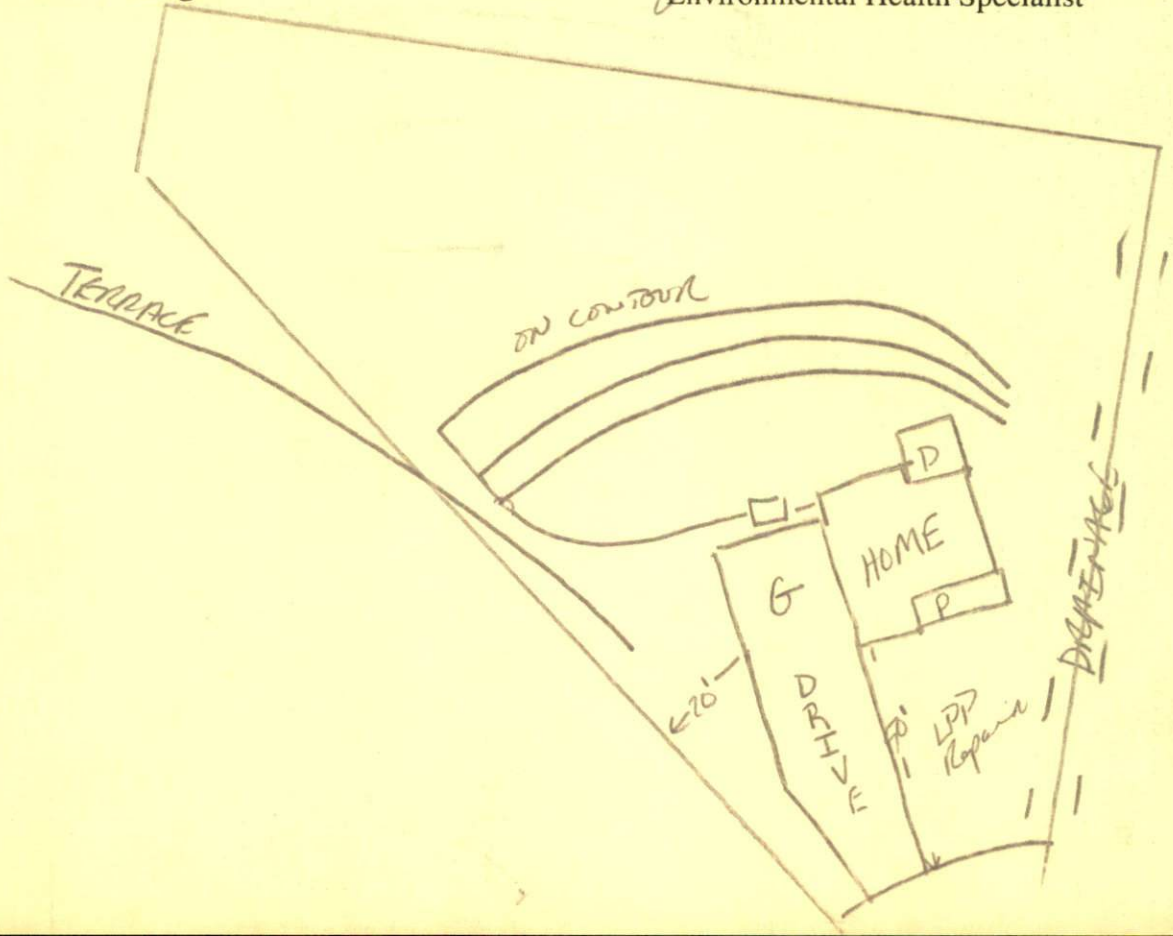
Subsurface Drainage Field No. of ditches 3 exact length 100 ft. width of ditches 3 ft. depth of ditches 18-20 in.

French Drain Required: - Linear feet

Date: 1-23-02

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

Signed: James E. Mandata
Environmental Health Specialist



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HARNETT COUNTY HEALTH DEPARTMENT
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 18759. 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.

DANNY NORRIS 910-852-4345
Name Telephone #

P.O. BOX 727 DUNN N.C. 28335
Address

1435 Tripp
Property Location SR# Road Name

Vineyard Green 66 3 .542
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 Public - Minimum Well Setback: _____ Ft.

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 2 # of lines per field 3 Length of lines 100 Ft.

Width of ditches 3 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.

James E. Merchant
Signature of Authorized Agent for Harnett County

1-23-02
Date