

HTE 03-58034

HARNETT COUNTY HEALTH DEPARTMENT

20360

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) Pammy Morris  New Installation  Septic Tank  
Property Location: SR# 1115  Repairs  Nitrification Line

Subdivision CRESTVIEW Lot # 106

Tax ID # \_\_\_\_\_ Quadrant # \_\_\_\_\_

Number of Bedrooms Proposed: 3 (58 x 38) Lot Size: .436 AC

Basement with Plumbing:  Garage:  NOTE change in house location

Water Supply:  Well  Public  Community Location

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

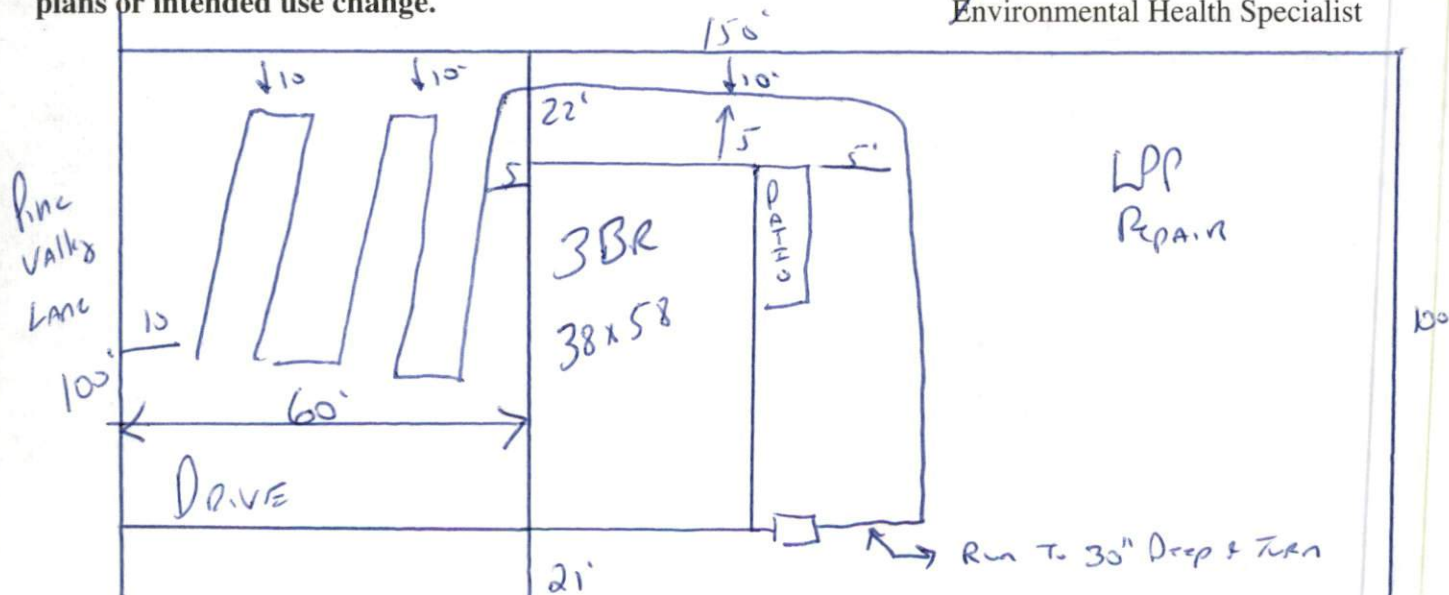
Subsurface Drainage Field No. of ditches 1 exact length of each ditch 245 ft. width of ditches 3 ft. depth of ditches 18-24 in.

French Drain Required: \_\_\_\_\_ Linear feet

Date: 10-21-03

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

Signed: Joe Wain  
Environmental Health Specialist



NOTE Changes in house location  
MAINTAIN ALL NEW SETBACKS  
STUB OUT PLUMBING SHALLOW WHERE SHOWN  
DO NOT DRIVE OR PARK ON SEPTIC SYSTEM.

NOTE Set Tank  
SHALLOW RUN LINES  
TO 30" DEEP THEN  
TURN - LINES TO  
SHALLOW UP - FRONT YARD  
LINES TO BE MAX DEPTH  
OF 24"

HARNETT COUNTY HEALTH DEPARTMENT  
AUTORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 20360. 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.

Name Danny Norris Telephone# 892-4345

Address \_\_\_\_\_

Property Location SR# \_\_\_\_\_ Road Name \_\_\_\_\_  
Crestview 106 3(58x38) 436 ac  
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 Water Supply Minimum Well Setback: \_\_\_\_\_ Ft.

Septic Tank 1000 gal Pump Chamber \_\_\_\_\_ gal

**NITRIFICATION FIELD SPECIFICATIONS**

Number of fields 1 # of lines per field 1 Length of lines 240 Ft.

Width of ditches 3 ft. Depth of ditches 18-24 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 of Harnett [Signature] Date 10-21-03