

HTE 03-5-8068

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 TRIPP RD Repairs Nitrification Line

Subdivision VINEYARD GREEN Lot # 20

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: .461

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 25% Reduction System

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

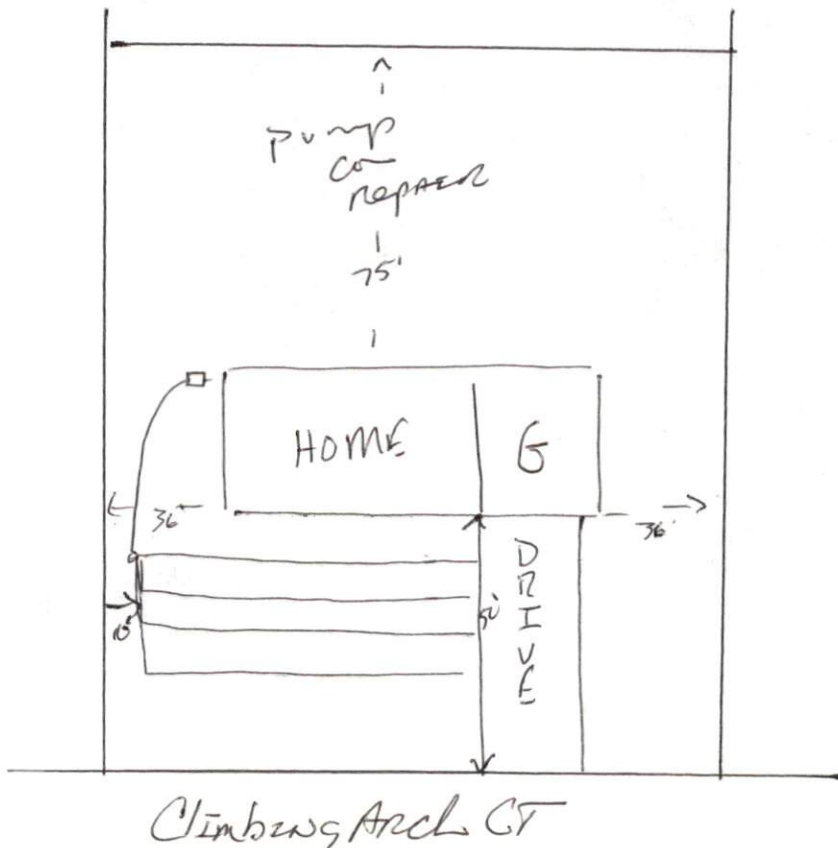
Subsurface Drainage Field No. of ditches 4 exact length of each ditch 60 ft. width of ditches 3 ft. depth of ditches 30" in.

French Drain Required: - Linear feet

Date: 11-6-03

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

Signed: James E. Marshall ⁰¹⁶²
 Environmental Health Specialist



**HARNETT COUNTY HEALTH DEPARTMENT
AUTORIZATION TO CONSTRU**

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 20313. 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 910-892-4345
 Name Telephone#

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

1435 Troy Rd.
 Property Location SR# Road Name

VINEYARD GREEN 20 3 .461
 Subdivision Lot # # Bedrooms Proposed Lot Size

TYPE OF SYSTEM

New Installation Repair Septic Tank Nitrification Lines

Conventional Other 25% Reduction System

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 2 # of lines per field 4 Length of lines 60 Ft.

Width of ditches 3 ft. Depth of ditches 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.

James E. Merchant 11-6-03
 Signature of Authorized Agent for Harnett County of Harnett Date