

HTE 04-5-8931

# IMPROVEMENT PERMIT

20696

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 Floris  New Installation  Septic Tank  
Property Location: SR# 141  Repairs  Nitrification Line

Subdivision Highland Forest Lot # 44

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

Number of Bedrooms Proposed: 3 (58 x 42) Lot Size: .37 Ac

Basement with Plumbing:  Garage:  STUB Plumbing out shallow  
Water Supply:  Well  Public  Community Where shown 9 Pump may not  
Distance From Well: 50 ft. Be Required - meet on site

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

Type of system:  Conventional  Other Pump To 25% Reduction SYSTEM

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

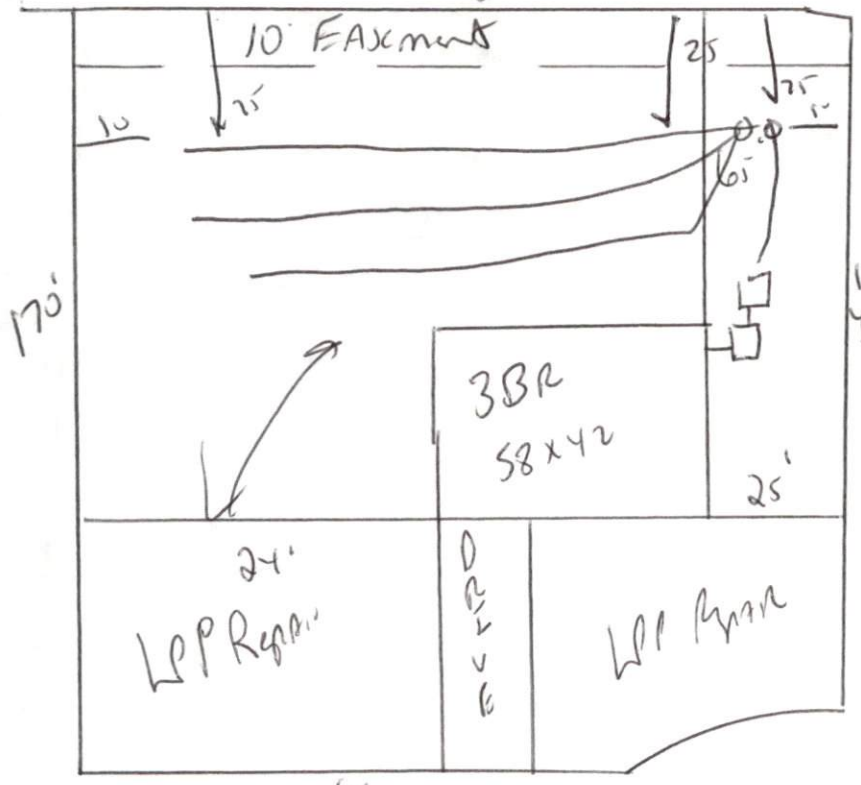
Subsurface Drainage Field No. of ditches 3 exact length of each ditch 50 ft. width of ditches 3 ft. depth of ditches 18" 1/4 in.

French Drain Required: \_\_\_\_\_ Linear feet of 25% Reduction SYSTEM

Date: 3-18-04

**This permit is subject to revocation if site plans or intended use change.** 95'

Signed: [Signature]  
Environmental Health Specialist



STUB Plumbing out shallow  
Where shown 9 Pump may  
Not be Required - meet on  
Site Before Installing Sptic  
SYSTEM.

Keep Drain Lines 25' from  
Rear Property Line or 15'  
from Top of Ditch which  
ever is greatest

If using Chamber must  
Place washed stone Along  
Sides To prevent clogging

MAintain all set Backs

EGSEX CT. West

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH  
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 20696. 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 # \_\_\_\_\_

Address \_\_\_\_\_

Property Location SR# 1141 Road Name \_\_\_\_\_  
Highland Forest 44 3 (58x42) 037A  
Subdivision Lot # # Bedrooms Proposed Lot Size

**TYPE OF SYSTEM**

New Installation  Repair  Septic Tank  Nitrification Lines  
 Conventional  Other Pump to 25% Reduction SYSTEM  
 Basement  With Plumbing  Without Plumbing

Water Supply:  Well  Public Water Supply Minimum Well Setback: 50 Ft.  
Septic Tank 1000 gal Pump Chamber 1000 gal

**NITRIFICATION FIELD SPECIFICATIONS**

Number of fields 1 # of lines per field 3 Length of lines 50 Ft.  
Width of ditches 3 ft. Depth of ditches 18.24 inches of 25% Reduction SYSTEM  
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 Joe W. JARS Date 03-18-04