

HTE 04-5-9015R

IMPROVEMENT PERMIT

20423

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
Property Location: SR# 1141
New Installation, Septic Tank, Repairs, Nitrification Line

Subdivision Highland Forest Lot # 61

Tax ID # Quadrant #

Number of Bedrooms Proposed: 3 (48x32) Lot Size: .37 AC

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

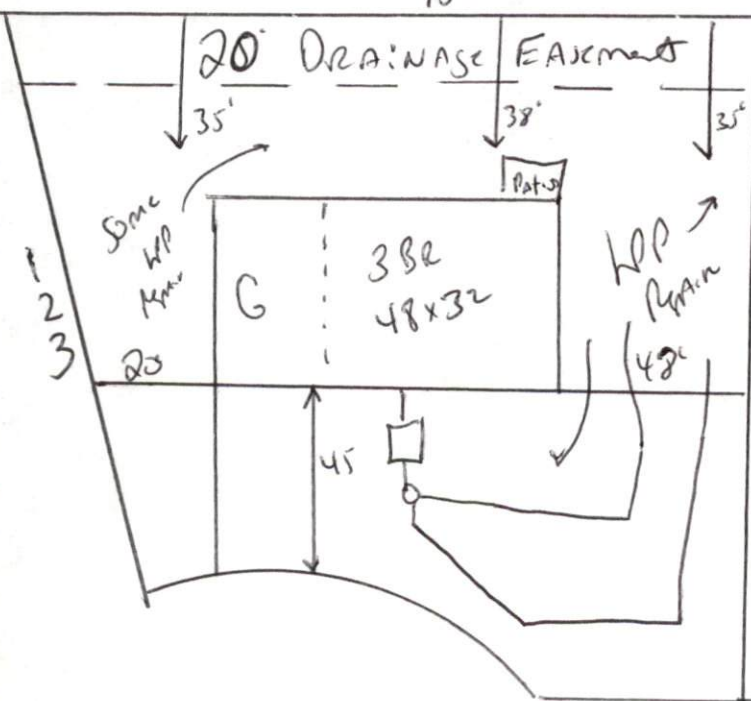
Subsurface Drainage Field: No. of ditches 2, exact length of each ditch 75 ft., width of ditches 3 ft., depth of ditches 18-24 in.

French Drain Required: Linear feet 25% Reduction SYSTEM

Date: 04-06-04

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

Signed: J. Walker Environmental Health Specialist



Meet onsite Before Installing
STUB out Plumbing shallow where shown
IF using chamber must Place washed stone Along sides to help prevent clogging
Maintain all set Back

Parkton 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 # 20423. 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
Name _____ Telephone # _____

Address _____

1141
Property Location SR# _____ Road Name _____
Highland Forest 61 3(48x32) .37Ac
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: 50 Ft.

Septic Tank 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 2 Length of lines 75 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.

J. West RS
Signature of Authorized Agent for Harnett County

04-06-04
Date