04-5-9016R HTE 04-5-9016R

HAR! T COUNTY HEALTH DEPARTM

IMPROVEMENT PERMIT

20425

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) DAMY Norris New Installation Septic Tank Property Location: SR# Nitrification Line Subdivision Highland Lot # 62 Quadrant # Tax ID # Number of Bedrooms Proposed: 3(48 x28) Lot Size: 35A Basement with Plumbing: Garage: 🔀 Public Water Supply: ☐ Well Community Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Other 25% Reduction SYSTEM Conventional Type of system: Septic Tank: 1000 gallons Pump Tank: gallons Size of tank: Subsurface No. of exact length of each ditch 75 ft. width of ditches 3 ft.

French Drain Required: Linear feet of 25% Reduction 57576 m Date: 04-06-04 This permit is subject to revocation if site Signed: __ plans or intended use change. 149 Environmental Health Specialist 110 46 10 TAt.s 380 DRIVE 15 Meet Onlite Before Installing

STUB out Plumbing shallow where shown

If using chamber, must Place washed stone Along side of chamber

To help Prevent closes ins

MAINTAIN All set BACKS

HARNETT C NTY DEPARTMENT OF PUF CHEALTH AUTHORIZATION TO CONSTRUCT

Harnett County Department of Public Health.	wastewater system to the specifications described by Improvement Permit # This p exceed five (5) years from the date of issuance.
This authorization will be invalid if ownersh	nip, site plans, or intended use change.
DANNy Norris	
Name	Telephone #
Address	
Property Location SR#	
11:11	3 (48128) Road Name
	# Bedrooms Proposed Lot Size
Zot "	. =====================================
	OF SYSTEM
New Installation [] Repair [Sept	ic Tank Nitrification Lines
New Installation [] Repair [Septic Tank Nitrification Lines [] Conventional Sther 25% Reduction 57) TEA	
[] Basement [] With Plumbing [] Without Plumbing	
Water Supply: [] Well Public Water Supply Minimum Well Setback:Ft.	
Septic Tank gal Pump Chamber gal	
NITRIFICATION FIELD SPECIFICATIONS	
Number of fields# of lines per fi	ield Length of lines Ft.
Width of ditches	
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.	
(1),400	
Signature of Authorized Agent for Harnett County	04-06-04