## HAR Τ COUNTY HEALTH DEPARTN Γ

## 20634

HTE 04-5-9480

## **IMPROVEMENT PERMIT**

Be it ordained by the Harnett County Board of Health as follows: S tion of any building at which a septic tank system is to be used for disposal of from the Harnett County Health Department."		
Name: (owner) DANNY NORTES	New Installation	Septic Tank
Property Location: SR# 1435 Trepp 120	☐ Repairs	Nitrification Line
Subdivision Plantation At VINEYARD GREEN	Lot #	10
Tax ID #	Quadrant #	
Tax ID #	ze: . 46/	
Basement with Plumbing: Garage:		
Water Supply: ☐ Well ☐ Public ☐ Community		
Distance From Well:ft.		
Following is the minimum specifications for sewage disposal systo final approval.	stem on above caption	ed property. Subject
Type of system:	_	
Size of tank: Septic Tank: 1000 gallons Pump	Tank:gallons	
Subsurface No. of 4 exact length 75	width of	depth of
Subsurface No. of 9 exact length 75 of each ditch 100 ft.	ditchesft.	ditches 24-2/8- in.
French Drain Required:Linear feet		
This permit is subject to revocation if site plans or intended use change.  Signed	Environmental He	ealth Specialist
PANT 2ND  WE' SND  WE' YE'  PANT 2ND  TO ME 48'  LPP  Reprode  L PR  Reprode  L	-38 ->	

STREET

## HARNETT CC ITY DEPARTMENT OF PUB HEALTH AUT... ORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater systement County Department of Public Health, Improvement authorization shall be valid for a period not to exceed five (	t Permit # This 5) years from the date of issuance		
This authorization will be invalid if ownership, site plans,	or intended use change.		
DANNY NORIZIS	910-957-4345		
DANNY NORRIS	700 7 NOIULTS 910-852-4345 Telephone #		
7.8. Boy 727 DUNN . N.C. 28335-			
Property Location SR#	Road Name		
DL ( ) . I	A SOLID FILLING		
Plankstron at Ventyped Oncon 10  Subdivision Lot # Bedrooms Propos	,461		
Ect # # Bedrooms Propos	Lot Size		
TYPE OF SYSTE	<u>CM</u>		
[ 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 gal Pump Chambe	rgal		
NITRIFICATION FIELD SPECIFICATIONS			
Number of fields# of lines per field Length of lines Ft.			
Width of ditches ft. Depth of ditches 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 & Manhout @ns 6-15-04			
Signature of Authorized Agent for Harnett County	6-15-04		
Date			