

HTE 04-5-9755

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# 1141 Alpine Rd Repairs Nitrification Line

Subdivision Highland Forest Lot # 109

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (52 x 32) Lot Size: 0.35 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 _____

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

Subsurface Drainage Field No. of ditches 1 exact length of each ditch 200 ft. width of ditches 3 ft. depth of ditches 18-24 in.

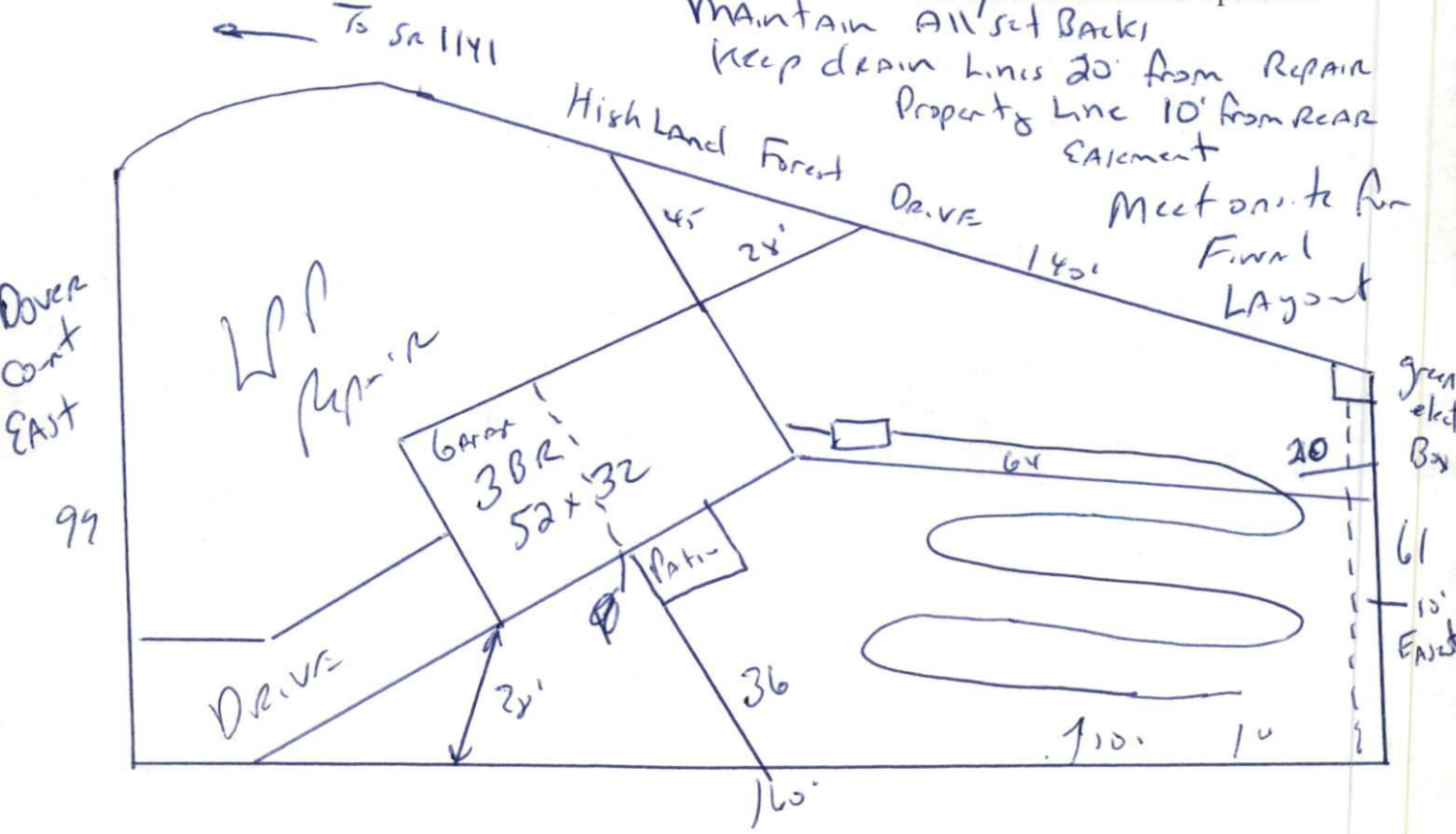
French Drain Required: _____ Linear feet

Date: 6-28-04

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

Signed: Joe Weber
Environmental Health Specialist

Maintain All set Backs
Keep drain lines 20' from Rear Property Line 10' from Rear Easement
Meet on site for Final Layout



HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH
AUTORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 2085-1. 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 1141
Property Location SR# _____ Road Name _____
Subdivision Highland Forest 109 Lot # 3 (52x32) # Bedrooms Proposed _____ Lot Size 0.35 ac

TYPE OF SYSTEM

New Installation [] Repair [] Septic Tank [] Nitrification Lines
[] Conventional [] Other _____
[] 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 1 Length of lines 200 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.

Signature of Authorized Agent for Harnett County Joe West RS Date 06-28-04