

03-5-5043

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# HWY 210 Repairs Nitrification Line

Subdivision STOCKTON Lot # 41 40^{ca}

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: _____ Lot Size: _____

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 100 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 2 exact length of each ditch 150 ft. width of ditches 3 ft. depth of ditches 18-24 in.

French Drain Required: _____ Linear feet

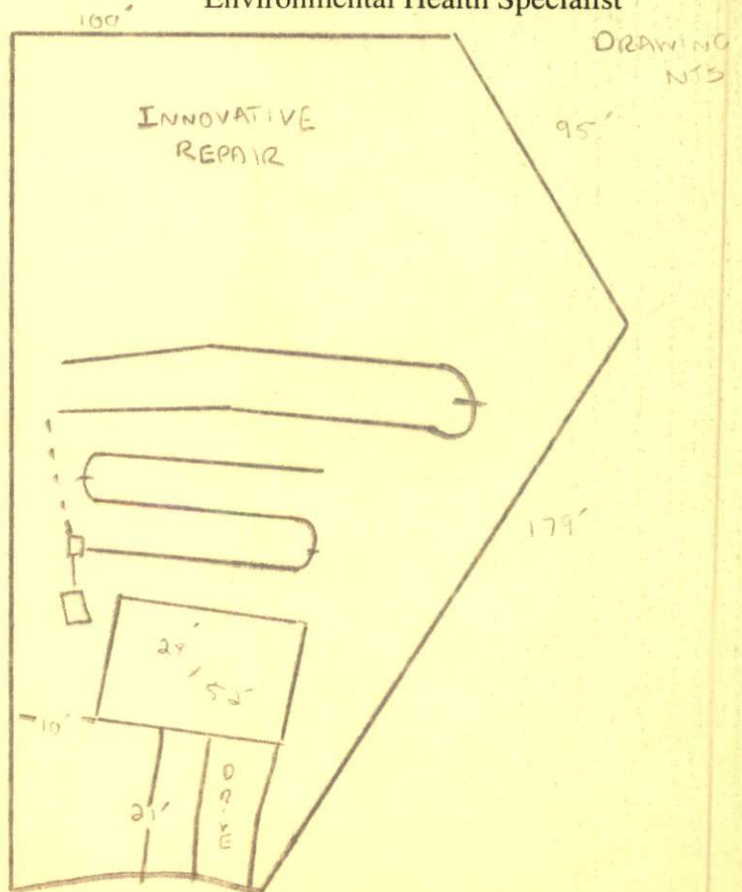
Date: 7/16/02

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

Signed: _____

Environmental Health Specialist

*MAINTAIN ALL SETBACKS
*SYSTEM IS FLAGGED. CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION



DRAWING NTS

HA TT COUNTY HEALTH DEPARTMENT
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 19527. 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

910-892-4345

Name

Telephone #

PO Box 727 DUNN NC 28334

Address

HWY 210

Property Location SR#

Road Name

STOCKTON

41

3

Subdivision

Lot #

Bedrooms Proposed

Lot size

TYPE OF SYSTEM

New Installation [] Repair Septic Tank Nitrification Lines

Conventional Other _____ [] Basement [] With Plumbing [] Without Plumbing

Water Supply: [] Well Public - Minimum Well Setback: 100 Ft.

Septic Tank 1000

Pump Chamber _____


NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 2 Length of lines 150 Ft.

Width of ditches 3 ft. Depth of ditches 19.24 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

7/16/02

Date