## HARNE COUNTY HEALTH DEPARTMENT

## **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."	sai of sewage without in st	obtaining a written permit
Name: (owner) Charles NORRIS	New Installation Septic Tank	
Property Location: SR#	☐ Repairs	Nitrification Line
Subdivision Peach Tree Crossing	Lo	t#_95
Tax ID #	Quadrant #	
Number of Bedrooms Proposed: 3(55x 62) Lo	t Size: 072 AC	
Basement with Plumbing: Garage:	PLAX note -	STUBOUT
Water Supply:	Plumbing Shallow	where
	Pump will Be	
Following is the minimum specifications for sewage disposal syst final approval.	em on above captioned	property. Subject to
Type of system: Conventional Other		
Size of tank: Septic Tank: O gallons Pu		
Subsurface No. of exact length of each ditch of each ditch	width of d d. ditches ft. d	epth of 1804in.
French Drain Required: Linear feet		
Date:/	1-2-01	
This permit is subject to revocation if site   Signed:	Jun WARS	
	Environmental Hea	ifth Specialist
TUBBED Of Where Shown 95 hallow		
RA pump will Be Regulared.	DO FAI	ement
laintain all SetBacks 248		
ollow contours		
31130 431 130113	9-1	
16'	Good to Ic	1 213
	6001 so. 15 MM	100
3BR 55x62	14	17 n
23×65		_
38		
ld DRIVE		
\alpha \ \ \alpha \ \		
165		
/ Reac Do not DRIVE OR	park on Ja	Itiz System

## RNETT COUNTY HEALTH DEI TMENT AU 1 HORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described

by Harnett County Health Department Improven		
will be invalid if ownership, site plans, or intended	ars from the date of issuance. This authorization duse change.	
Owner or Authorized Agent Charles Non	21) 9,70	
Name:	Telephone # 391-2198	
Address:		
Property Location: SR #	Road Name	
New Installation Repair Se	ptic Tank Nitrification Lines	
Subdivision PeachTru CROSSINY	Lot #_95	
Number of Bedrooms Proposed: $3(55 \times 62)$		
Basement With Plumbing	Without Plumbing	
Water Supply: Well Public	_ Minimum Well Setback: ft.	
Type of System: Conventional Other		
Tank Volume: Septic Tank gallons	Pump Chamber gallons	
Nitrification Field Specifications		
Number of fields Number of Lines per Fi	ield Length of lines	
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.		
Authorized Agent for Harnett County Health Depa	Date:	
Revised 2/96) CNSTRCT WPD		