HARNI COUNTY HEALTH DEPARTME

02-5-4583 Nº 19091

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) DAMO NORRIS	New Installation Septic Tank		
Property Location: SR# 1/15	Repairs Nitrification Line		
Subdivision CRESTUITE	Lot #_ 90		
Tax ID #	Quadrant #		
Number of Bedrooms Proposed: 3(50x5	Lot Size: 1347Ac		
Basement with Plumbing:	Garage: Note That is Plumbing is		
Water Supply: Well Public Public	Community STUB Out shallow - where shown should not Be		
Distance From Well: ft.	Regulared Suscial Hot Be		
final approval	age disposal system on above captioned property. Subject to		
Type of system: Conventional			
Size of tank: Septic Tank: Oo ga			
Subsurface No. of exact legal ditches of each	ngth ditch 300 ft. ditches 3 ft. depth of 8 in.		
French Drain Required: Lines	ar feet 5 11/20		
This permit is subject to revocation if site	Date: 5-14-02 Signed: 95 WRS		
plans or intended use change.	Signed: Environmental Health Specialist		
103	STUBO-1 Phonbing		
7 45	Shallow Where		
Mar /	Shown And Ring		
and all	lide MAS DE Reguirar		
51 51182	il 18' max Ditch O-ptl		
381 50×52	Maintain All		
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7	Jonst University		
	Daive Pack on siptic system		
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Jane /			
Blan			
26 11			
E TO SRIVIS CRYSTAL	Sleing Drive		

NETT COUNTY HEALTH DEPARTM AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to	o construct a wastey	vater system to the specific		
Harnett County Health Department, Improvement Permit # (709). This authorization shall be valid for a period not to exceed five (5) years from the date of issuance.				
This authorization will be invalid	d if ownership, site p	lans, or intended use change	e.	
Damy Nounis		892. 4245		
Name		Telephon	e#	
Address				
Property Location SR#		Road Nan	ne	
(pest Vizu	90	3(53452)	.747 M	
Subdivision	Lot #	# Bedrooms Proposed	Lot size	
	TYPE OF S	SYSTEM		
New Installation [] Repair { Septic Tank Nitrification Lines				
',				
Conventional Other	16 Conv.			
[] Basement [] With Plumbing [] Without Plumbing				
Water Supply: [] Well Public - Minimum Well Setback:Ft.				
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 sl	nall 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.				
valid	Operations Perm	it has been issued.		
(/1 1 AA	J	5.14.82		
Signature of Authorized Agent for Harne	tt County	Date		