HARN COUNTY HEALTH DEPARTME

Nº 19325

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." New Installation Septic Tank Name: (owner) DANNY NORRIS SR# 1435 Trapp Rd Property Location: ☐ Repairs Nitrification Line Subdivision VENEYAND Green ____ Lot # 21 _____ Ouadrant # _____ Tax ID #____ Number of Bedrooms Proposed: ____ Lot Size:_______ . **461** Basement with Plumbing: Garage: Water Supply: ☐ Well Public Public ☐ Community Distance From Well: ____ Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Other TNAOVATENE SYSTEM Septic Tank: _____ gallons Pump Tank: _____ gallons Size of tank: No. of ditches 3 exact length of each ditch by ft. ditches 3 ft. depth of ditches 24-18 in. Subsurface Drainage Field French Drain Required: _____ Linear feet This permit is subject to revocation if site Signed: Environmental Health Specialist plans or intended use change.

> HOME 30 İ Climbers and CT

HAI FT COUNTY HEALTH DEPARTMENT AUT RIZATION TO CONSTRUC.

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit #			
DANNY NORRIS			9/0-892-4345 Telephone #
P.O. Box 727 DUNN Address	w.c.	28335	
/435 Property Location SR#			TRIPP
그렇게 하면 하다면 가는 어느 없는데 하고 있었다. 그리고 있는데 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그	71	3	Road Name
Subdivision L	ot#	# Bedrooms Pro	posed Lot size
TYPE OF SYSTEM			
[New Installation [] Repair [Septic Tank [] Nitrificiation Lines			
[] Conventional Other []Basement []With Plumbing [] Without Plumbing			
Water Supply: [] Well [Public - Minimum Well Setback:Ft. Septic TankFt.			
Number of fields # of lines per field 3 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.			
Signature of Authorized Agent for Harnett County	us.	\$ - 7 Date	-03