

IMPROVEMENT PERMIT

No 20193

03-5-7642

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
Property Location: SR# 115

New Installation Septic Tank
 Repairs Nitrification Line

Subdivision Crestview Lot # 94

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (56x36) Lot Size: .34 AC

Basement with Plumbing: Garage:
Water Supply: Well Public Community
Distance From Well: _____ 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 240 ft. width of ditches 3 ft. depth of ditches 18 1/4 in.

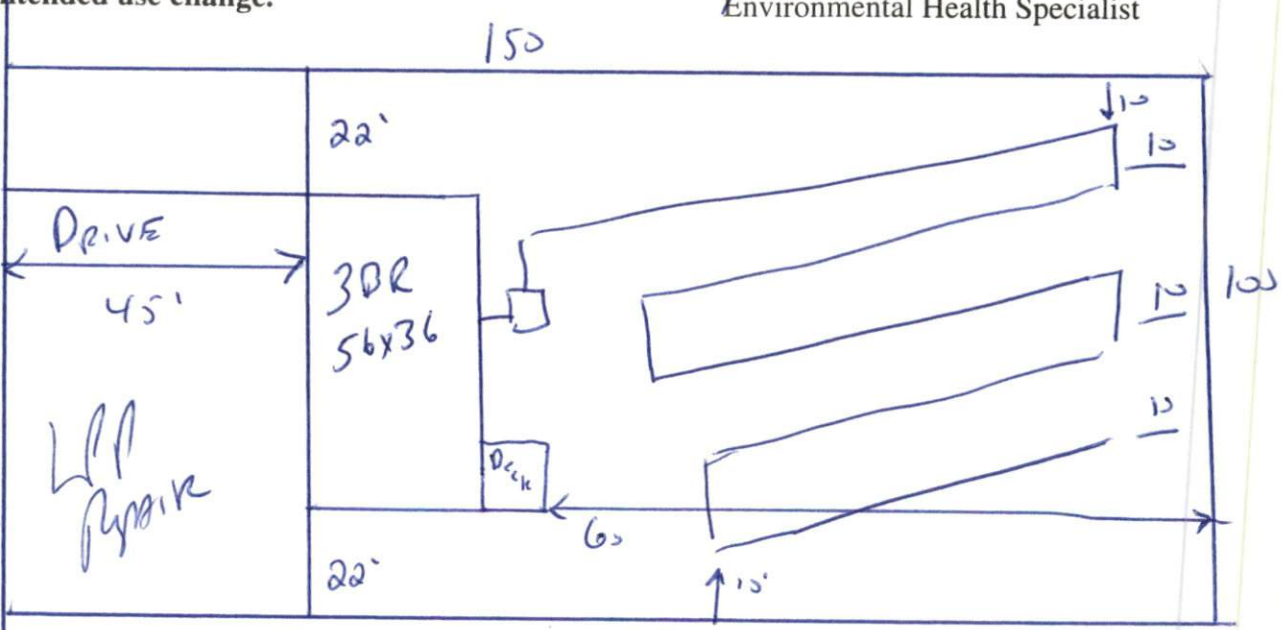
French Drain Required: _____ Linear feet

Date: 8-15-03

Signed: [Signature]
Environmental Health Specialist

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

TO SR 1115
MAY NEW DRIVE
Road



STUD out Plumbing shallow
Maintain all set Backs
Follow contours
Do not Drive on park or septic system

HARNETT COUNTY HEALTH DEPARTMENT
AUTORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 20193. 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.

Cumberland Home / Pamy Norris
Name

Telephone#

Address

1115

Property Location SR#

CRISTINA

94

3(56x36)

Road Name

.34 ac

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 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 240 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]
Signature of Authorized Agent for Harnett County of Harnett

8-15-07
Date