IMPROVEMENT PERMIT

20799

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 Property Location: SR# 1435 Thepp Rel Nitrification Line Subdivision VINEYAND GREEN Lot # 12 _____Quadrant # _____ Lot Size: _____/. 02/ sec_____ Tax ID # Number of Bedrooms Proposed: 3 Basement with Plumbing: Garage: Z Public Water Supply: ☐ Well ☐ Community Distance From Well: 50' ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. FOther Pump to Conventional MANSTER " **Z** Conventional Type of system: Septic Tank: 1000 gallons Pump Tank: 1600 gallons Size of tank: Subsurface width of ditches 5 ft. No. of exact length depth of of each ditch 80 ft. Drainage Field ditches ditches 24->18 in. Linear feet French Drain Required: 5-12-04 Signed: James & Markantons This permit is subject to revocation if site plans or intended use change. Environmental Health Specialist Maurite to BE IN LARGE WET SOLIS 9 OF RISE 100 of Supply 4-34"TAPS 166" TDI+. HOUSE G 83' D RI STREET

HARNETT CO TY DEPARTMENT OF PUBL HEALTH AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 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.
PANNY NORITS Name Telephone #
relephone #
P.O. BOX 777 DUNN N.C. Z8335
Property Location SR# Road Name
VENEYALD 6000N /Z Subdivision Lot # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
[New Installation [] Repair [Septic Tank [] Nitrification Lines
[Conventional [Tother Pump to Convention of Manches"
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well [] Public Water Supply Minimum Well Setback:Ft.
Septic Tank gal Pump Chamber gal gal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field Hength 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 Date