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".

The state of the s	-/-	
Name: (owner) DANNY NORRIS		
Property Location: SR# Z 10 N	☐ Repairs	☐ Nitrification Line
Subdivision STOCKTOW	Lot #	5
Tax ID#	Quadrant #	
Tax ID#	ze:	cres.
Basement with Plumbing: Garage:		
Water Supply: □ Well □ Public □ Community	,	
Distance From Well: ft.		
Following is the minimum specifications for sewage di property. Subject to final approval.		
Type of system: Conventional Other Infaltura	ton	
Size of tank: Septic Tank: 1000 gallons Pump	Tank: gallon	s
Subsurface No. of exact length of each ditch	width of the ditches ft.	depth of ditches 24 in.
French Drain required: Linear feet		
Permit as semijost to a semijost as semijo	te: 10-2 med: Opmes C	
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HA__TT COUNTY HEALTH DEPAR ENT AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department 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.

Owner or Authorized Agent DANNY Nonats		
Name: DAWNY Norces Telephone # 892 - 4345		
Address: PO BOY 1524 DUNN N.C. 28334		
Property Location: SR# 210 N Road Name 210 N		
New Installation Repair Septic Tank Nitrification Lines		
Subdivision STOCKTOW Lot # 5		
Number of Bedrooms Proposed: 3 Lot size:		
Basement With Plumbing Without Plumbing		
Water Supply: Well Public Minimum Well Setback: _50' ft.		
Type of System: Conventional Other		
Tank Volume: Septic Tank 1000 gallons Pump Chamber gallons		
Nitrification Field Specifications		
Number of fields 2 Number of Lines per Field 3 Length of lines 70		
Width of ditches 3- ft. Depth of ditches 29 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 Department		
Name: James & Manhat Date: 10-2-96 (Revised 2/96) CNSTRCT WPD		
(Revised 2/96) CNSTRCT WPD		