

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) Johnnie Norris New Installation Septic Tank
Property Location: SR# 1412 Repairs Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 existing Lot Size: .753 ac

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 50+ ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: Conventional Other Polystyrene Aggregate French System 14125-95-3A

Size of tank: Septic Tank: existing gallons Pump Tank: existing gallons

Subsurface Drainage Field No. of ditches 1 exact length of each ditch 225 ft. width of ditches 3 ft. depth of ditches 18 in.

French Drain Required: _____ Linear feet

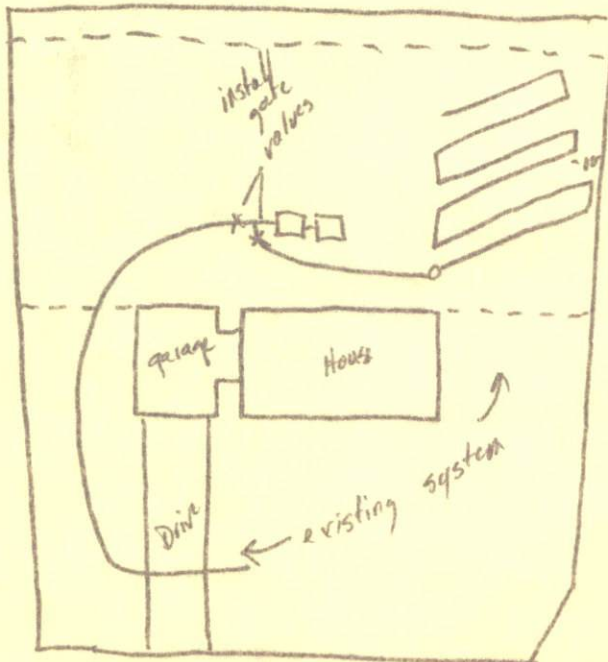
Date: 6-1-98

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

Signed: Thomas J. Boyce R.S.
Environmental Health Specialist

Maintain Setbacks

** Contractor to meet on site prior to installing*



SR 1412

HARNETT COUNTY HEALTH DEPARTMENT
AUTI RIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 14230. 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 Loharie Norris

Name: _____ Telephone # 552-7748

Address: _____

Property Location: SR # 1412 Road Name Christian Light Rd

New Installation _____ Repair Septic Tank _____ Nitrification Lines

Subdivision _____ Lot # _____

Number of Bedrooms Proposed: 3 existing Lot size: .753 ac

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well _____ Public Minimum Well Setback: 50' ft.

Type of System: Conventional _____ Other Polystyrene Aggregate Trench System
1, 1/2" x 1/2" x 95-3R

Tank Volume: Septic Tank existing gallons Pump Chamber existing gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 1 Length of lines 275

Width of ditches 3 ft. Depth of ditches 18 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: Thomas O. Boyer R.S. Date: 5-1-94