HARNETT COUNTY HEALTH DEPARTMENT

20549

HTE	IMP	OVEMENT	PERMIT
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from the Harnett County Health Department."		aining a written permit
Name: (owner) Nathan B. Norris	New Installation	☐ Septic Tank
Property Location: SR# 17 64s+ Repairs		Nitrification Line
Subdivision		
Tax ID #	Quadrant #	
Number of Bedrooms Proposed: 3 wisting Lot Si	ze:	
Basement with Plumbing: Garage: Garage:		
Water Supply:		
Distance From Well: 50 2 ft.		
Following is the minimum specifications for sewage disposal system for several several several systems and several sev	stem on above caption	ed property. Subject
to final approval.		
Size of tank: Septic Tank: Exist, gallons Pump	Tank:gallons	
Subsurface No. of exact length		depth of
Drainage Field ditches / of each ditch 300 ft.	ditchesft.	ditches 18-20 in.
French Drain Required:Linear feet	1/	
	8/19/201	0
This permit is subject to revocation if site Signed	d: Super Med	ion R.S.
plans or intended use change.	Environmental He	ealth Specialist
* Me atan all setbacks	40	4.1.1- 25%
*If 50 ft. setbackeon	led	AN We 25% set on System
not be maintained off of well		225 ft.) / /
beride house, well must be		BM 8/24/2004
filledia		
* The water line rours in	- 06.0	
Front yard, if 10ft, rethack sel Hosse can not be maintained to Hosse	Segraph 1	
	17	
water line most be relocated so		
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HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUT ORIZATION TO CONSTR L'T

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 2 5 4 9 . 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.				
Nathan B. Novis 919-894-5701				
Name Telephone #				
Address NC 27 East Contr. N.C. 27521				
27645+				
Property Location SR# Road Name				
Jeist				
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:Ft.				
Septic Tankgal Pump Chambergal				
NITRIFICATION FIELD SPECIFICATIONS				
Number of fields # of lines per field Length of lines Ft.				
Width of ditches ft. Depth of ditches _18-20 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.				
Bun Milon R.S. 8/19/2004				
Signature of Authorized Agent for Harnett County Date				