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) DENNIS NORRIS | New Installation | Septic Tank |
|--|--------------------------|----------------------|
| Property Location: SR# /573 | ☐ Repairs | Nitrification Line |
| | | |
| Subdivision Buchtzek | Lot # | 7 |
| Tax ID# Sumber of Bedrooms Proposed: | Quadrant # | |
| Number of Bedrooms Proposed: Lot Size | ze: | |
| Basement with Plumbing: Garage: | | |
| Water Supply: Well Public Community | y | |
| Distance From Well: ft. | | |
| Following is the minimum specifications for sewage di property. Subject to final approval. | isposal system on abo | ve captioned |
| Type of system: Conventional Other | | |
| Size of tank: Septic Tank: / Boo gallons Pump | Tank: gallons | 3 |
| Subsurface No. of z exact length of each ditch | width of ft. ditches ft. | depth of ditches in. |
| French Drain required: Linear feet | 2-73 | 0/ |
| This permit is subject to revocation it site | te: 7-73- | - 1 6 |
| plans or intended use change. | gned: James EV | (Antouter |
| VOID AFTER 5 YEARS | Environmental I | Health Specialist |
| | * Maintai a | ll perbacks |
| | * 18" Detch | Doth |
| | Required | on systa |
| | will Be | DENTED. |
| | | |
| 6' Lippain | 15 OTATALAGE | |
| Tool Seed | EASEMENT | |
| de la marchine | 11/ | |
| Les HOMIS | 18/1 | |
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5R 1563

H ETT COUNTY HEALTH DEPA 1ENT AUTHORIZATION TO CONSTRUCT

| Owner or Authorized Agent DEVNIS NORMA | | |
|--|--|--|
| Name: DENNIS NORMS Telephone # 897-7088 | | |
| Address: NT Z BOX 643 GOATS N.C. 27521 | | |
| Property Location: SR # 1563 Road Name Bill Avery | | |
| New Installation Repair Septic Tank Nitrification Lines | | |
| Subdivision Birch Fred Lot # 7 | | |
| Number of Bedrooms Proposed: 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 /800 gallons Pump Chamber gallons | | |
| Nitrification Field Specifications | | |
| Number of fields Number of Lines per Field Length of lines | | |
| Width of ditches ft. Depth of ditches/8 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: Date: | | |
| (Revised 2/96)cnstrct.wpd | | |